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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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entified Copies Certificates of Status
a pecial Instructions to Filing Officer:
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Office Use Only



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SCAL MANASSESSES TO AN IOC

MEZNOV 17 PM 1: 15

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/17/2022	-		₩WALK IN*
ENTITY NAME GAINE	ESVILLE GATOR WAL	-K, LLC	
DOCUMENT NUMBER_			
	PLEASE FILE TH	E ATTACHED AND RETURN	
	Plain Copy		
	Certified Copy		
XXXXXX	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	APOSTILLE' / N	OTARIAL CERTIFICATION	
COUNTRY OF DESTINA			_
NUMBER OF CERTIFICA	ATES REQUESTED		_
TOTAL OWED \$30		ACCOUNT #: I20160000072	
		S R FM	
Please call Tina at i	the above number for	any issues or concerns. Thank you so	much!

COVER LETTER

TO:			on Section of Corporations				
SUBJE	ECT:	GAL	NESVILLE GATOR WAI				
			Name of	Foreign	Limited Li	ability C	ompany
Dear Si	ir or N	Madar	n:				
The end	closed	l appl	ication, certificate and	fee(s) a	are submitte	d for tilir	າຮູ.
Please i	return	all co	orrespondence concern	ing this	matter to th	e follow	ring:
Meegan	T. Mo	otisi					
			Name of Person			· 	
			Firm/Company				
One Tow	vn Cen	iter Ro	ad. Suite 300				
			Address				
Boca Rai	ton, Fl	orida I	33486				
			City/State and Zig	Code			
mmotisi							
E-ma	il add	ress:	to be used for future a	innual r	eport notific	ation)	
For furth	her in	forma	ttion concerning this m	atter, p	lease call:		
Meegan]	T. Mot	isi			561 it (300-6.	263
		Nar	ne of Person	·	Area Cod	e & Day	time Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
F	Enclo	sed is	a check for the follow	wing ar	nount:		
□\$ 25 Fi	iling I	-ee	文\$30 Filing Fee & Certificate of Sta	_	2 \$55 Filing Certified (Certificate of Status &
CR2E055 (9(15)						Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it	appears on the reco	ords of the Flori	da Department of				
State: GAINESVILLE GATOR WALK.							
Enter new principal office address, if appli							
(Principal office address	Suite 300	Suite 300					
MUST BE A STREET ADDRESS	Boca Raton			250	022 N	elegano.	
Enter new mailing address, if applicable:				LAHAS	7022 NOV 17		
(Mailing address MAY BE A POST OFFICE BOX)				0) (0)	<u>≯</u>	in the	
		, FL 33486		711	Ö	O	
2. The Florida document number of this lin	nited liability compa	my is: <u>M200000</u>	007801		58		
3. Jurisdiction of its organization: Delawar	Ľ						
4. Date authorized to do business in Florid	a: 09:09/2020						
SECTION II (5-9 complete only the appl							
5. New name of the limited liability compa	1139 SW 11th I	Properties KC. I	LC				
,	(must contain "Li	mited Liability	Company, " "L.L.C.," or	LLC.")			
(If name unavailable, enter alternate name a copy of the written consent of the managers must contain "Limited Liability Company,"	s or managing memb	pers adopting the	e alternate name. The alter	nate name			
 If amending the registered agent and/or r registered agent and/or the new registered of 	egistered officer add office address here:	iress on our rec	ords, enter the name of the	new			
Name of New Registered Agent: NRAI Se	rvices, Inc.						
New Registered Office Address: 1200 Sou	th Pine Island Road						
		Enter Flo	rida Street Address				
	Plantation	/1:	Florida 33324				
		Cliy	Zip Coo	le			
New Registered Agent's Signature, if change I hereby accept the appointment as register the provisions of all statutes relative to the and accept the obligations of my position as document is being filed to merely reflect a cliability company has been notified in writing	ed agent and agree proper und complete s registered agent as hange in the registe	to act in this ca e performance i s provided for it	of my duties, and Lam fami a Chapter 605. F.S. Or. if t	liar with his he limited		A :	
-	If Changing Regi	istered Agent. 5	Signature of New Registere	T.%∪.(d.Agent	' /	7357 Sec:	
	-66		The second of the second secon	7		700	

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Filing Fee: \$25.00



Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GAINESVILLE GATOR

WALK, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO "1139 SW 11TH PROPERTIES KC, LLC" ON THE SIXTEENTH DAY OF

NOVEMBER, A.D. 2022, AT 3:33 O'CLOCK P.M.

Authentication: 204881249

Date: 11-17-22