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	Requestor's Name)	
,	(voquestor's realite)	
	Addison Taring	
(,	Address)	
(.	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to F	iling Officer:	-
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CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

05/24/2024

Da	ite:	05/24/2024	NI
		Acc#I20160000072	- w: DW
Name:	SREIT Cami	ri Green Apartments,	L.L.C.
Document #:			
Order #:	15582848		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🚺	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier Ref#	Amount: \$	5 55.00	

Thank you!

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 a	appears on the records of the Florida I	Department of
State: <u>SREIT CAMRI GREEN APARTN</u>	MENTS, L.L.C.	
Enter new principal office address, if applicat	able:	_
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limit	ited liability company is: M20000008	
3. Jurisdiction of its organization: <u>Delaware</u>	<u>e</u>	
4. Date authorized to do business in Florida:	: 10/1/2020	····
SECTION II (5-9 complete only the applic	cable changes)	
5. New name of the limited liability compan	ny:(must contain "Limited Liability Co	mpany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name ad copy of the written consent of the managers must contain "Limited Liability Company,"	or managing members adopting the a	ousiness in Florida and attach a Iternate name. The alternate nam
6. If amending the registered agent and/or re registered agent and/or the new registered of		ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la Street Address
		Florida
	City .	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Title/ Capacity	<u>Name</u>	Address	Type of Action
AMBR	Paul Ahls	591 W. Putnam Ave	⊠Add
		Greenwich, CT 06830	□Remove
AMBR Hays Meye	Hays Meyer	591 W. Putnam Ave	⊠Add
		Greenwich, CT 06830	□Remove
AMBR Andres Panza	Andres Panza	591 W. Putnam Ave	⊠ Add
		Greenwich, CT 06830	Remove
			□Add
			□Remove
			_Add
			□Remove
	by the official having custody	han 90 days old, evidencing the aforement of records in the jurisdiction under the ature of the authorized representative	
	Nick Antonopoulos		`~3
	<u></u> _	d or printed name of signee	 :

uthorized Signatory			
SCHOTTESS STEERING T	Kellie Jackson	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	_ □Remo
uthorized Signatory	Lorie O'Dell	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	Remo
horized Signatory	Rachelle Hundley	300 International Parkway, Ste 130	Add
		Heathrow, FL 32746	_ □Remo
horized Signatory	Ne Ida Jones	1580 Sawgrass Corporate Pkwy, Ste 403	3 Add
		Sunrise, FL 33323	□Ren
			OA
		<u></u>	□Rem
attached is a certifica uthenticated by the organized.	official having custody of r	90 days old, evidencing the aforementioned amen records in the jurisdiction under the law of which thorized representative	dment(s), h this enti
	Paul Ahls		