Plonida Department of Signature of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIERA APTS JOINT VENTURE LLC

Certificate of Status	0
Certified Copy	1
Page Count	08
Estimated Charge	\$55.00

MAR - 8 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	_	tration ion of C	Section Corporations					
SUBJI	ECT: Viera Apta Joint Venture LLC							
			Name of Foreign	Limited Lial	oility Con	npany		
Dear S	Sir or N	ladam:						
The en	closed	applica	ation, certificate and fee(s)	are submitted	for filing			
Please	return	all corr	espondence concerning thi	s matter to the	followin	g:		
Gwend	olyn C.	Sutton, I	Paralegal					
			Name of Person	-	-			
Frost B	lrown T	odd LLC	:					
		-	Firm/Company		-			
301 Ea	at Fourt	h Street,	Suite 3300		_			
			Address		_			
Cincin	nati, Ol	45202			_			
			City/State and Zip Code	•	_			
Maggio	e.Dillm	en@NAF	roperties.com					
Ε-π	rail add	iress: (t	o be used for future annual	report notific	ation)			
For fu	rther is	nformat	ion concerning this matter,	please call:				
			Paraicgal	at (513	651-61	33		
		Nam	e of Person		e & Dayt	ime Telephone Number		
	Regi Divi P.O.	sion of Box 63	Section Corporations		Divisio The Ce 2415 N	ation Section on of Corporations ontre of Tallahassee I. Monroe Street, Suite 810		
	_			٠	t ornant	assee, FL 32303		
	Filing	, Fee	a check for the following \$30 Filing Fee & Certificate of Status	amount: \$55 Filing Certified		☐ \$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E0	55 (9/15)						

2021 MAR -5 PM 1: 40

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 of	on the records of the Florida	Department of
State: Viera Apts Joint Venture LLC		
Enter new principal office address, if applicable:		
Principal office address 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 limited liabi	lity company is: M2000000	
3. Jurisdiction of its organization: Ohio		
4. Date authorized to do business in Florida: Octobe	π 21, 2020	
SECTION II (5-9 complete only the applicable ch		
5. New name of the limited liability company: Luni (must c	a Apts Joint Venture LLC contain "Limited Liability Co	ompany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	ging members adopting the	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our recor tress here;	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flori	da Street Address
		Florida
	City	, Florida Zip Code
ew Registered Agent's Signature, if changing Registereby accept the appointment as registered agent provisions of all statutes relative to the proper a daccept the obligations of my position as register rument is being filed to merely reflect a change in vility company has been notified in writing of this	and agree to act in this cap nd complete performance of red agent as provided for in the registered office addres	my duties, and I am familiar with Chapter 605, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

. If the amendment o	changes person, title or capacity in accord	kance with 605.0902 (1)(e), indic	ate that change:
itle/ Capacity	Name	Address	Type of Action
			□Add
	_		□Remov
			□Add
	_		
			
	_	· · · · · · · · · · · · · · · · · ·	□Remov
			DAdd
	-	·	□ Remov
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A	C : C	. 14 anidamina tha	□Remov
aforementioned ar	ficate, if required: no more than 90 days needment(s), duly authenticated by the the law of which this entity is organized	official having custody of record	ds in the
	Kevin P. Riley, Vice President and S		

UNITED STATES OF AMERICA, STATE OF OHIO,

OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of March, A.D. 2021.

Ohio Secretary of State

Fil Jan

Validation Number:

202108304788