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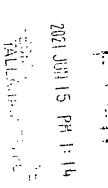
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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D RRUCE
JUL 15 2021

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)

Name of limited liability Company as it appears on the records of the Florida Department of
State: SK FLORIDA HOMES, LLC
ter new principal office address, if applicable:
UST BE A STREET ADDRESS)
ater new mailing address, if applicable:
Idailing address AY BE A POST OFFICE BOX) M21000001074
The Florida document number of this limited liability company is: M21000001074
Jurisdiction of its organization: DELAWARE
Date authorized to do business in Florida: 1/27/2021
CCTION II (5-9 complete only the applicable changes)
New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.," or "LLC.")
name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a py of the written consent of the managers or managing members adopting the alternate name. The alternate name ist contain "Limited Liability Company," "L.L.C." or "LLC.")
If amending the registered agent and/or registered officer address on our records, enter the name of the new gistered agent and/or the new registered office address here:
ame of New Registered Agent:
ew Registered Office Address: Enter Florida Street Address
Florida
City Zip Code
ew Registered Agent's Signature, if changing Registered Agent: sereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar with a daccept 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.

tle/ Capacity	JEFFREY LOWE, AP Name	Address	Type of Actio
P	JEFFREY LOWE	2200 BISCAYNE BOULEVARD	
			□Add
		MIAMI, FLORIDA 33137	=Rem
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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			□Rem
			□Add
aforementio	a certificate, if required: no more ned amendment(s), duly authentic under the law of which this entity	cated by the official having custody of records in the	□Rem

Filing Fee: \$25.00