

M21 000002551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

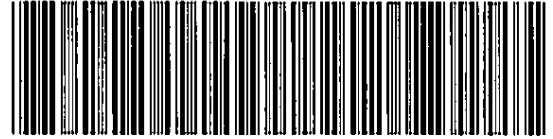
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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300394914743

2022 SEP 28 PM 9:41

RECEIVED  
TALLAHASSEE, FLORIDA

2022 SEP 23 PM 6:45

RECEIVED

9/29/2022



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 09/28/2022

Name: Chris Vick

Reference #: 1790669

Entity Name: SWD LAKE MAGGIORE LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

\*\*\*\*PLEASE RETAIN ORIGINAL SUBMISSION DATE\*\*\*\*

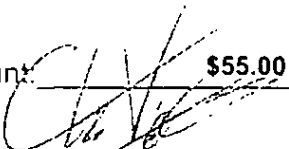
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY UPON FILING

Authorized Amount: \$55.00

Signature: 

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lake Maggiore JV, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Armstrong  
Name of Person

Stoneweg US LLC  
Firm/Company

360 Central Avenue, Suite 1130  
Address

St. Petersburg, FL  
City/State and Zip Code

christina.armstrong@stonweg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

christina.armstrong@stonweg.com at ( 727 ) 390.5423  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2022

COGENCY GLOBAL

SUBJECT: SWD LAKE MAGGIORE LLC  
Ref. Number: M21000002551

We have received your document for SWD LAKE MAGGIORE LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please submit a certificate or document reflecting the name change and the date of the change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 022A00021614

RECEIVED  
2022 SEP 28 PM 4:11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2022

COGENCY GLOBAL

SUBJECT: SWD LAKE MAGGIORE LLC  
Ref. Number: M21000002551

We have received your document for SWD LAKE MAGGIORE LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 922A00021419

RECEIVED

2022 SEP 27 AM 11:52  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

2020 28 11:09:41

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SWD Lake Maggiore LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

360 Central Avenue, Suite 1130

St. Petersburg, FL 33701

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000002551

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 5, 2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Lake Maggiore JV, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida 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.*

If Changing Registered Agent. Signature of New Registered Agent

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

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>Manager</u>	<u>Stoneweg U.S., LLC</u>	<u>360 Central Avenue, Suite 1130</u>	<input checked="" type="checkbox"/> Add
		<u>St. Petersburg, FL 33701</u>	<input type="checkbox"/> Remove

<u>Manager</u>	<u>Patrick Richard</u>	<u>360 Central Avenue, Suite 1130</u>	<input type="checkbox"/> Add
		<u>St. Petersburg, FL 33701</u>	<input checked="" type="checkbox"/> Remove

<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove

<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove

<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

Pamela Linden  
Signature of the authorized representative

Pamela Linden  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "LAKE MAGGIORE JV, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2021, AT 5:18 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "SWD LAKE MAGGIORE LLC" TO "LAKE MAGGIORE JV, LLC", FILED THE TWENTY-THIRD DAY OF SEPTEMBER, A.D. 2022, AT 12:20 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "LAKE MAGGIORE JV, LLC".



5227375 8100H  
SR# 20223641386

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

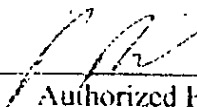
Authentication: 204501384  
Date: 09-28-22



STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is SWD Lake Maggiore LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at 850 New Burton Road, Suite 201 (street), in the City of Dover, Zip Code 19904. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is COGENCY GLOBAL INC.

By:   
Authorized Person

Name: PATRICK RICHARD  
Print or Type

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: SWD Lake Maggiore LLC

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2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Name Change of Entity to: Lake Maggiore JV, LLC

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**IN WITNESS WHEREOF**, the undersigned have executed this Certificate on the 23rd day of September, A.D. 2022.

By: Pamela Linden  
Authorized Person(s)

Name: Pamela Linden  
Print or Type