10/26/22, 11.20 AM

Division of Corporations

Florida Department of State

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SREIT GRANDE COURT BOGGY, L.L.C.

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Help

From: Lexus Wingo

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

2022-10-26 09:22 20 CST

SECTION I (1-4 must be completed)

Name of limited liability Company as it appears State: SREIT GRANDE COURT BOGGY, L.L.C. **Transport of the court bodger		the Florida Dep	partment of		_	
Enter new principal office address, if applicable:					_	
(<u>Principal office address</u> <u>MUST RE A STREET ADDRESS</u>)					-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				AT HE SECTION	2022 OCT 26, AM,	רובט
2. The Florida document number of this limited lia	bility company is	: <u>M2100000471</u>	<u> </u>	 	7: 37 - -	
Jurisdiction of its organization: DE Date authorized to do business in Florida: 04/26	0/2021				_	
5. New name of the limited liability company:(must		Hability Comp	oany, ""L.L.C.,	" or "LLC)	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C	naging members	of transacting buadopting the alte	siness in Florida rnate name. The	and attac e alternate	h a name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office and	ed officer address ddress here:	on our records,	enter the name	of the new	<u>!</u>	
Name of New Registered Agent:					_	
New Registered Office Address:		Enter Florida .	Street Address		_	
			_, Florida		_	
	Ci.	V		ip Code		
New Registered Agent's Signature, if changing Re Thereby accept the approximent as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to a cand complete pe tered agent as pro in the registered	rformance of my wided for in Cha	duties, and Lan ipter 605, F.S. (n familiar Or, if this	w////	
<u></u>	Transino Revister	ed Avent Signa	nire of New Re	uistered A	gent	

From: Lexus Wingo

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actin
orized Person	James Kane	591 West Putnam Avenue	
		Greenwich, CT 06830	□Rem
onzed Person	Paul Ahls	591 West Putnam Avenue	×Adð
		Greenwich, CT 06830	⊟Rem
horized Person	Andres Panza	591 West Putnam Avenue	
		Greenwich, CT 06830	
			_\Ado
			🗀 Ren
			□Add
aforementio	a certificate, if required: no more than 9 ned amendment(s), duly authenticated b under the law of which this entity is org	by the official having custody of records in the	□Ren
aforemention jurisdiction	ned amendment(s), duly authenticated t under the law of which this entity is org	anized.	
	Signature o	f the authorized representative	