M21000005723

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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OCT OF 2021 ! ALKRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 072207 4341431

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 4, 2021

ORDER TIME : 9:35 AM

ORDER NO. : 072207-005

CUSTOMER NO: 4341431

FOREIGN FILINGS

NAME: PALM RIVER - VENTURE II, LLC

CORPORATE
LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

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 on the records of the Florida Department of
State: PALM RIVER - VENTURE II, LLC
Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
(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 liability company is: M21000005723
2. The Florida document number of this limited liability company is:
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 5/12/2021
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company:
5. New name of the limited liability company:
(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
Enter Florida Street Address
. Florida 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.

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
CEO	Colleen Edwards	2999 N. 44th Street. Suite 200	■Add	
		Phoenix, Arizona 85018	□Remo	
AP	Colleen Edwards	2999 N. 44th Street, Suite 200	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		Phoenix, Arizona 85018	\ \exists Remo	
			□Add	
			□Remo	
	<u> </u>		□Add	
			□Remo	
			□Add	
aforemention		than 90 days old, evidencing the cated by the official having custody of records in ty is organized.	□Remo	

Filing Fee: \$25.00