

M21 000005723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

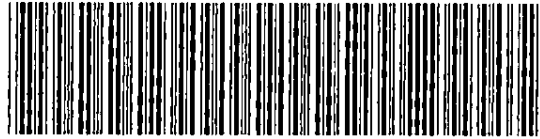
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Incorrect form*

Office Use Only



800419949408

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2024 JAN 10 AM 8:20

2024 JAN 10 AM 11:37

STATE OF NEW YORK  
DEPT. OF TAXATION & FINANCE  
TAX SERVICES DIVISION  
ALBANY, NY 12242-0001

*1/10*

**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)

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

(Mailing address  
MAY BE A POST OFFICE BOX)

FILED  
2024 JAN 10 AM 8:21  
CLERK OF COURT  
JACKSONVILLE

2. The Florida document number of this limited liability company is: M21000005723

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: \_\_\_\_\_  
(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.*

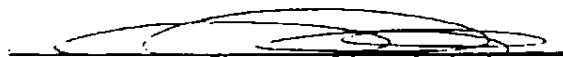
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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>
CEO	COLLEEN EDWARDS	2999 N. 44TH ST., STE 200	<input type="checkbox"/> Add
		PHOENIX, ARIZONA 85018	<input checked="" type="checkbox"/> Remove
CIO	MICHAEL HAWKINS	2999 N. 44TH ST., STE 200	<input checked="" type="checkbox"/> Add
		PHOENIX, ARIZONA 85018	<input type="checkbox"/> Remove
COO	RICHARD CASSARA	2999 N. 44TH ST., STE 200	<input checked="" type="checkbox"/> Add
		PHOENIX, ARIZONA 85018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.

  
Signature of the authorized representative

DAVID NAPP, AUTHORIZED SIGNATORY FOR PORTFOLIO-VENTURE II, LLC

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2024

CSC  
ATTENTION: ALEXIS WEILAND-SORENSEN

SUBJECT: PALM RIVER - VENTURE II, LLC  
Ref. Number: M21000005723

RECEIVED  
JAN 11 2024  
SUBMISSIONS

We have received your document for PALM RIVER - VENTURE II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler  
Regulatory Specialist II

Letter Number: 924A00000581

RECEIVED  
2024 JAN 22 PM 3:41  
JAN 11 2024  
SUBMISSIONS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 257467 4341431

AUTHORIZATION :

COST LIMIT : \$ 25.00

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ORDER DATE : January 9, 2024

ORDER TIME : 9:23 AM

ORDER NO. : 257467-005

CUSTOMER NO: 4341431  
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DOMESTIC AMENDMENT FILING

NAME: PALM RIVER-VENTURE II, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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