

M21000008709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

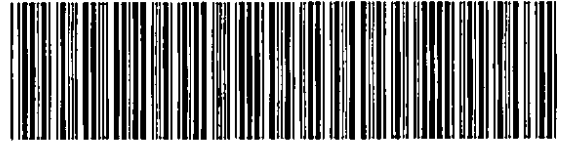
(Business Entity Name)

(Document Number)

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

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800383751868

02/28/22--01003--004 \*\*125.00

2022 FEB 28 PM 1:00  
STATE  
TALLAHASSEE, FLORIDA

LLC  
Amend.

3/25/22  
DC

# 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: TERRENO COUNTYLINE 26 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)**

2. The Florida document number of this limited liability company is: M21000008709

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 7/8/2021

## 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

2022 FEB 23 PM 1:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

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>                   |
|------------------------|--------------|----------------------------------|---|
| AP                     | Jaime Cannon | 101 Montgomery Street, Suite 200 | <input checked="" type="checkbox"/> Add |
|                        |              | San Francisco, CA 94104          | <input type="checkbox"/> Remove         |
| AP                     | Ross Giglio  | 101 Montgomery Street, Suite 200 | <input checked="" type="checkbox"/> Add |
|                        |              | San Francisco, CA 94104          | <input type="checkbox"/> Remove         |
|                        |              |                                  | <input type="checkbox"/> Add            |
|                        |              |                                  | <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

*Ross Giglio*  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00