00000900 (Requestor's Name) (Address) 800423978798 (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

FILED 2024 FEB 19 AH 9: 08



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

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	ACCOUNT NO.	:	I20000001	95			
	REFERENCE	:	323586	8331866			
	AUTHORIZATION	:	Louisde	sea	er.	202	
	COST LIMIT	:	\$/25/00		MLL	2024 FEB	n
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ORDER DATE :	February 16, 202	4			ASSE ASSE	ma 6	; TT
ORDER TIME :	7:39 AM				μ. Π. Π. Π.		O
ORDER NO. :	323586-010					9: 08	
CUSTOMER NO:	8331866						
			- 				

FOREIGN FILINGS

NAME: B9 LEE VISTA OWNER 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: Shauna Godbolt -- EXT#

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: B9 Lee Vista Owner LLC 602 W. Office Center Drive, Suite 200 Enter new principal office address, if applicable: Fort Washington, PA 19034 (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: <u>M21000009004</u> 3. Jurisdiction of its organization: ____ 4. Date authorized to do business in Florida: ____ 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:

t

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.

City

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:

Title/ Capacity	Name	Address T	pe of Action
Managing Director	Warren W. Vaughan, Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	_ =Add
			_
			5 5
			A Remove
			_ □Add
			_ 🗆 Remove
			Add
			_ □Remove
			_ 🗆 Add
			_ 🗌 Remove
aforemention	certificate, if required: no more than ed amendment(s), duly authenticate inder the law of which this entity is o	d by the official having custody of records in the	
	/s/ Alexa Rose Signature	e of the authorized representative	
	Alexa Rose	,	

Typed or printed name of signee

Filing Fee: \$25.00