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Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DHIR - ST. AUGUSTINE, LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

From: Kaity Toon

To: +18506176383

Page: 3 of 5

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)

Name of limited liability Company as it appears on the records of the Florida Department of State: DHIR - St. Augustine, LLC	
Enter new principal office address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	. 5
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	A KISIGM OF CORPORATE
2. The Florida document number of this limited liability company is: M21000010178	1 · · · · · · · · · · · · · · · · · · ·
Delaware Delaware August 6, 2021 SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: DHIR - Tam St. Augustine, LLC (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 nust contain "Limited Liability Company," "L.L.C." or "LLC.")	e
5. 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.	

з ·	Раде: 4 of 5	2021-11-19 11;13:59 CST	19542080845	From; Kaity Toon
7. If the amendo	nent changes the jurisdiction	of organization, indicate new juris	diction:	
8. If the amendo	nent changes person, title or o	capacity in accordance with 605,090	2(1)(e), indicate that ch	inge:
Title/ Capacity	<u>Name</u>	Addres	ss <u>Ty</u>	pe of Action
				_ □Add
				_ □Remove
				_ □Add
				_ Remove
				_ □Add
			-,	SECHTAR DIVISION OF
				FILED VI9dd VI9dd NIO: Laemove
				□Add
aforemention	ed amendment(s), duly auth nder the law of which this e	nore than 90 days old, evidencing the enticated by the official having custifity is organized. Motoro Signature of the authorized representations	tody of records in the	_ □Remove

Thomas B. Montado

Typed or printed name of signce

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'DHIR - ST. AUGUSTINE,

LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

'DHIR - TARA ST. AUGUSTINE, LLC' ON THE SEVENTEENTH DAY OF

NOVEMBER, A.D. 2021, AT 1:10 O'CLOCK P.M.



Authentication: 204738589

Date: 11-18-21