

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
14575 6 MILE CYPRESS RE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

**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: 14575 6 Mile Cypress RE 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: M21000010850

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8/18/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: 6091 Exchange Lane RE LLC
(must contain "Limited Liability Company," "LLC," 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

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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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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
_____	_____	_____	<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.

Charles Caranci, Jr.
Signature of the authorized representative

Charles Caranci, Jr., Mgr

Typed or printed name of signee

Filing Fee: \$25.00

2023 JAN 24 11:31:14

Delaware

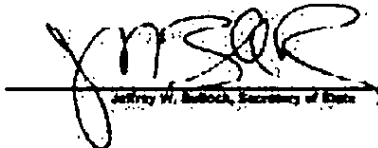
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "14575 6 MILE CYPRESS RE LLC", CHANGING ITS NAME FROM "14575 6 MILE CYPRESS RE LLC" TO "6091 EXCHANGE LANE RE LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JANUARY, A.D. 2023, AT 11:16 O'CLOCK A.M.

2023 JAN 24 PM 3:14
J. Bullock, Secretary of State




Jeffrey W. Bullock, Secretary of State

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SR# 20230218565

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202554771
Date: 01-23-23

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State of Delaware
Secretary of State
Division of Corporations
Delivered 11:16 AM 01/23/2023
FILED 11:16 AM 01/23/2023
SR 20230218545 - File Number SR33073

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: 14575 6 Mile Cypress RE LLC

2. The Certificate of Formation of the limited liability company is hereby amended
as follows:

Name of the Limited Liability Company:

6091 Exchange Lane RE LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 20th day of January, A.D. 2023.

By: 

Authorized Person(s)

Name: Charles Caranci, Jr., Mgr

Print or Type