

m2/0000/2485

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000379433 3)))



H21000379433ABC%

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
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  
PIER ROCK RIALTO LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

UH

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pier Rock Rialto LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Gustovich

Name of Person

Pier Rock Rialto LLC

Firm/Company

13506 Summerport Village Parkway #1808

Address

Windermere FL 34786

City/State and Zip Code

dgustovich@pierrock.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (855) 345-4647  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

# 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: Pier Rock Rialto LLC

Enter new principal office address, if applicable: c/o Pier Rock Properties LLC

(Principal office address

MUST BE A STREET ADDRESS)

29 Eugene St., Mill Valley, CA 94941

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

c/o Pier Rock Properties LLC

29 Eugene St., Mill Valley, CA 94941

2. The Florida document number of this limited liability company is: M21000012485

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 22, 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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Pier Rock Properties LLC	29 Eugene St., Mill Valley, CA 94941	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Manager	Pier Rock Properties	29 Eugene St., Mill Valley, CA 94941	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add

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.

/s/ David Gustovich

Signature of the authorized representative

David Gustovich

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2021 OCT 11 PM 12:36  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA