10/22/21, 1:40 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (614)280-3338

Fax Number : (954)208-0845

**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 CPI/TBG FLORIDIAN CLUB TRS, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
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OCT 25 2021

A. LUNT

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)

Name of limited liability Company as it appears State: CPI/TBG Floridian Club TRS, L.L.C.	on the records of the Florida Department of
Enter new principal office address, if applicable:	N/A
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	2021 Of
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2021 OCT 22 AM 10: 1
2. The Florida document number of this limited liab	oility company is: M21000013305
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	I Floridian Club TRS, L.L.C. contain "Limited Liability Company, " "L.L.C.," or "LLC.") for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name." or "LLC.") d officer address on our records, enter the name of the new
	Enter Florida Street Address, Florida
	City Zip Code
the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	at and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with a red agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

From: Kaity Toon

N/A	hanges person, title or capacity in acco	ordance with 605.0902(1)(e), indicate that ch	ange:
itle/ Capacity	Name	Address T	vpe of Actio
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aforementioned an	icate, if required; no more than 90 da tendment(s), duly authenticated by th he law of which this entity is organiz	e official having custody of records in the	□Rem
		authorized representative	

2021-10-22 12:42:15 CST

Filing Fee: \$25.00

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'CPI/TBG FLORIDIAN CLUB

TRS, L.L.C.' FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME

TO 'CPI FLORIDIAN CLUB TRS, L.L.C.', ON THE TWENTY-SECOND DAY OF

OCTOBER, A.D. 2021, AT 10:03 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID 'CPI FLORIDIAN

CLUB TRS, L.L.C.', IS THE LAST KNOWN TITLE OF RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY.



Authentication: 204485548

Date: 10-22-21