

M21000014291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

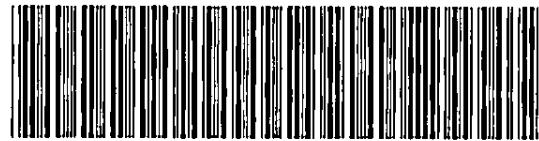
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600429990156

2024 MAY 28 AM 10:30

NY STATE DEPARTMENT OF TAXATION & FINANCE

2024 MAY 28 AM 10:35

RECEIVED

S. HUNT  
05/28/24

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 05/24/2024

Acc#I20160000072

*en: c DW*

|             |                              |
|-------------|------------------------------|
| Name:       | SREIT Cambridge Cove, L.L.C. |
| Document #: |                              |
| Order #:    | 15582848                     |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
|                                   |                          | Number of Certs:        |  |

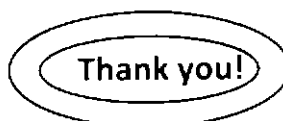
|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input checked="" type="checkbox"/> |
|   | Plain: <input type="checkbox"/>                |
|   | COGS: <input type="checkbox"/>                 |

Email Address for Annual Report Notifications:

|  |
|--|
|  |
|--|

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **55.00**



05-24-2024 10:30

**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: SREIT CAMBRIDGE COVE, L.L.C.

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: M21000014291

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/27/2021

**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.*

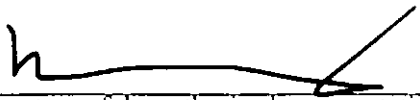
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

1. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

2. 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>                   |
|-----------------------------|-----------------------------|-----------------------------|---|
| <u>AMBR</u>                 | <u>Paul Ahls</u>            | <u>591 W. Putnam Ave</u>    | <input checked="" type="checkbox"/> Add |
|                             |                             | <u>Greenwich, CT 06830</u>  | <input type="checkbox"/> Remove         |
| <u>AMBR</u>                 | <u>Hays Meyer</u>           | <u>591 W. Putnam Ave</u>    | <input checked="" type="checkbox"/> Add |
|                             |                             | <u>Greenwich, CT 06830</u>  | <input type="checkbox"/> Remove         |
| <u>AMBR</u>                 | <u>Andres Panza</u>         | <u>591 W. Putnam Ave</u>    | <input checked="" type="checkbox"/> Add |
|                             |                             | <u>Greenwich, CT 06830</u>  | <input type="checkbox"/> Remove         |
| <u>                    </u> | <u>                    </u> | <u>                    </u> | <input type="checkbox"/> Add            |
| <u>                    </u> | <u>                    </u> | <u>                    </u> | <input type="checkbox"/> Remove         |
| <u>                    </u> | <u>                    </u> | <u>                    </u> | <input type="checkbox"/> Add            |
| <u>                    </u> | <u>                    </u> | <u>                    </u> | <input type="checkbox"/> Remove         |

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.

  
\_\_\_\_\_  
Signature of the authorized representative

Nick Antonopoulos

\_\_\_\_\_  
Typed or printed name of signee

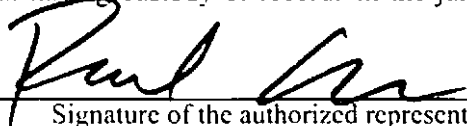
**Filing Fee: \$25.00**

1. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

2. 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>                   |
|-----------------------------|-------------------------|--|---|
| <u>Authorized Signatory</u> | <u>Kellie Jackson</u>   | <u>300 International Parkway, Ste 130</u>    | <input checked="" type="checkbox"/> Add |
|                             |                         | <u>Heathrow, FL 32746</u>                    | <input type="checkbox"/> Remove         |
| <u>Authorized Signatory</u> | <u>Lorie O'Dell</u>     | <u>300 International Parkway, Ste 130</u>    | <input checked="" type="checkbox"/> Add |
|                             |                         | <u>Heathrow, FL 32746</u>                    | <input type="checkbox"/> Remove         |
| <u>Authorized Signatory</u> | <u>Rachelle Hundley</u> | <u>300 International Parkway, Ste 130</u>    | <input checked="" type="checkbox"/> Add |
|                             |                         | <u>Heathrow, FL 32746</u>                    | <input type="checkbox"/> Remove         |
| <u>Authorized Signatory</u> | <u>Nelda Jones</u>      | <u>1580 Sawgrass Corporate Pkwy, Ste 403</u> | <input checked="" type="checkbox"/> Add |
|                             |                         | <u>Sunrise, FL 33323</u>                     | <input type="checkbox"/> Remove         |
|                             |                         |  | <input type="checkbox"/> Add            |
|                             |                         |  | <input type="checkbox"/> Remove         |

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.

  
\_\_\_\_\_  
Signature of the authorized representative

Paul Ahls

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

05:00:50