

MA21 000015038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

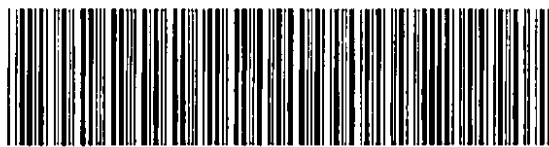
(Document Number)

Certified Copies _____

Certificates of Status _____

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2023 NOV - 2 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 OCT 30 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 NOV - 2 PM 12:40
DIVISION OF CORPORATIONS

R. HUNT

11/02/23

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/02/2023

Acc#120160000072

en: c DW

Name:	PMF Gainesville 77 LLC
Document #:	
Order #:	15202051 - 1

Certified Copy of Arts & Amend:	☐		2023 NOV - 2 PM 12:40 DIVISION OF CORPORATIONS
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☒	Email Address for Annual Report Notifications:
	Plain: ☐	
	COGS: ☐	

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

Amount: \$ **55.00**

Thank you!

**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: PMF GAINESVILLE 77 LLC

Enter new principal office address, if applicable: 2195 N State Highway 83 #14B

(Principal office address

MUST BE A STREET ADDRESS)

Franktown, CO 80116

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2195 N State Highway 83, #14B

Franktown, CO 80116

2. The Florida document number of this limited liability company is: M21000015038

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/10/2021

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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

City

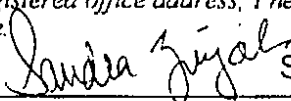
Florida

33324

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.



Sandra ZwiJack

If Changing Registered Agent, Signature of New Registered Agent

2023 NOV - 2 PM 12:40

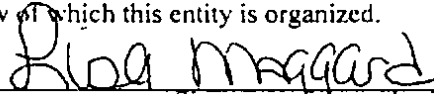
DIVISION OF CORPORATE & FINANCIAL SERVICES

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Monarch Investment & Management Group	2195 N State Highway 83, #14B Franktown, CO 80116	☒ Add
			☐ Remove
AUTH	C. Robert Nicolls, II.	2195 N State Highway 83, #14B Franktown, CO 80116	☒ Add
			☐ Remove
MGR	SORA CAPITAL PARTNERS, LLC	P.O. BOX 1888 WINTER PARK, FL 32790	☐ Add
		2693 W. Fairbanks Ave., Suite 200 Winter Park, FL 32789	☒ Remove
AUTH	Polsinelli, Kenneth P.		☐ Add
			☐ Remove
			☐ Add
			☐ 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.



Signature of the authorized representative

Lisa Maggard

Typed or printed name of signee

Filing Fee: \$25.00