

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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (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 **USVI 1092 MOSS PARK ROAD LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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 appear	rs on the records of the Florida D	epartment of	
State: USV11092MossParkRoadLLC Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (<u>Mailing address</u> MAY BE A POST OFFICE BOX)	N/A		
2. The Florida document number of this limited lic	ability company is: M210000155	SE S	
Jurisdiction of its organization: Delaware		# EC -	<u></u>
4. Date authorized to do business in Florida: 11/1	9/2021	SEE SEE	ILEU
SECTION II (5-9 complete only the applicable		PH 4: 0	
5. New name of the limited liability company: U	- -	pany. ""L.L.C.," or J.L.C."	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company." "L.L.	naging members adopting the alt	usiness in Florida and attach a ernate name. The alternate name	
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our records.	enter the name of the new	
Name of New Registered Agent: N/A			
New Registered Office Address: N/A			
	Enter Florida	Street Address	
	City	, Florida	
New Registered Agent's Signature, if changing Re	•	zap cam	
I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of th	nt and agree to act in this capaci, and complete performance of my ered agent as provided for in Ch in the registered office address, I	duties, and I am familiar with apper 605, F.S. Or, if this	

3. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change; N/A					
litle/ Capacity	Name	Address	Type of Action		
			ERemo		
			□∧dd		
			□Remov		
			□Add		
			FRemov		
_			□∧dd		
			CRemov		
			□Add		
aforementioned ain	ne law of which this entity is orga	y the official having custody of records in the	∐Remov		

Filing Fee: \$25.00

To: +18506178383 • Page: 5 of 5 2021-12-01 15:07:41 CST 19542080845 From: Kaity Toon

<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "USVI 1092 MOSS PARK ROAD LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "USVI 10920 MOSS PARK ROAD LLC" ON THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2021, AT 7:26 O'CLOCK P.M.

FILED

2021 DEC -1 PM 4: 01

SECREPTOR STATE
TALLAHASSEE, FLORIBA



6388472 8320 SR# 20213931065

Authentication: 204821759

Date: 11-30-21