# M220000122

(Red	questor's Name)
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(City	y/State/Zip/Phone #)
(Bu	siness Entity Name)
(Doo	cument Number)
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LLC amend





A. RAMSEY

## **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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**Date:** 07/07/2022

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Acc#I20160000072

Name:	FirstKey Homes Management, LLC
Document #:	
Order #:	14427676

Certified Copy of Arts		
& Amend:		
Plain Copy:		
Certificate of Good		
Standing:		
Certified Copy of		
Apostille/Notarial Certification:		Country of Destination:
		Number of Certs:

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Document	Amount: \$ 55.00
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L	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: FIRSTKEY HOMES MANAGEMENT, LLC

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Enter new principal office address, if applicable:			2022
( <u>Principal office address</u> MUST BE A STREET ADDRESS)			
2. The Florida document number of this limited liability	y company is: <u>M22000</u>	0000122	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: $\frac{1/3/2022}{1}$			<u>.                                    </u>
SECTION II (5-9 complete only the applicable chan	ges)		
5. New name of the limited liability company:(must con	tain "Limited Liability	Company, " "L.L.	C.," or "1.1.C.")
(If name unavailable, enter alternate name adopted for a copy of the written consent of the managers or managir must contain "Limited Liability Company," "L.L.C." o	ng members adopting t	ing business in Flo he alternate name.	rida and attach a The alternate name
6. If amending the registered agent and/or registered of registered agent and/or the new registered office addres		cords, <u>enter the nar</u>	ne of the new
Name of New Registered Agent:			
New Registered Office Address:	Emer Fl	orida Street Addre	\$\$
	, Florida City: Zip Code		
	City	<u> </u>	Zip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent an the provisions of all statutes relative to the proper and	d agree to act in this c complete performance	of my duties, and	l 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<sup>5</sup> 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Manager	Diego Sanchez	1850 Parkway Place 9th FL	⊠Add
		Marietta GA 30067	□Remov
			⊡∧dd
			🗆 Remov
			🗆 Add
			🗆 Remov
			🗆 Add
			🗆 Remov
			□∧dd
9. Attached is	a certificate, if required; no more	e than 90 days old, evidencing the	🗆 Remov
aforementio jurisdiction	under the law of which this entit /s/ Thomas J. DeRue	e. Jr.	e
	Sign	nature of the authorized representative	
	Thomas J. DeRue, Jr.		

Typed or printed name of signee

Filing Fee: \$25.00

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