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(Red	questor's Name)	
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ALL AHASSEE, FLOOR

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 51436 84341431				
AUTHORIZATION :				
COST LIMIT : \$ 25.00				
ORDER DATE : February 21, 2023				
ORDER TIME : 2:19 PM				
ORDER NO. : 514306-010				
CUSTOMER NO: 4341431				
FOREIGN_FILINGS				
NAME: COVE HOME SALES- VENTURE III, LLC				
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY				
XXXX AMENDMENT				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACTORY BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

Name of limited liability Company as it appears on the records of the Florida Department of	ت
State: Cove Home Sales - Venture III, LLC	-
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: M22000002578	- -
3. Jurisdiction of its organization: Delaware	_
4. Date authorized to do business in Florida: 2/17/2022	•
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company:	·")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate roust contain "Limited Liability Company," "L.L.C." or "LLC.")	iame
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 the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wand 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 lin liability company has been notified in writing of this change.	vith

			
Title/ Capacity	<u>Name</u>	Address	Type of Action
Manager ————	Colleen Edwards	2999 North 44th Street, Ste 200	= Add
		Phoenix, Arizona 85018	□Remov
Manager ————	Sally Morales	2999 North 44th Street, Ste 200	= Add
		Phoenix, Arizona 85018	□Remov
			□Add
			□Remov
			□Add
		<u> </u>	□Remov
			□Add
aforemention	ned amendment(s), duly authenti ander the law of which this entity	than 90 days old, evidencing the icated by the official having custody of records in the y is organized.	□Remov

Filing Fee: \$25.00