

# M220000002578

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

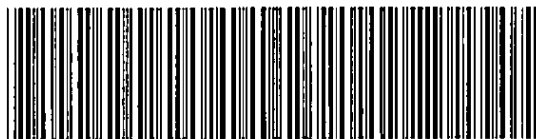
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 FEB 24 AM 10:59  
CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
RECEIVED  
2023 FEB 24 AM 11:25

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 522447 4341431  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : February 23, 2023  
ORDER TIME : 9:56 AM  
ORDER NO. : 522447-005  
CUSTOMER NO: 4341431

FOREIGN FILINGS

NAME: COVE HOME SALES - VENTURE III,  
LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**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: 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: \_\_\_\_\_  
(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.*

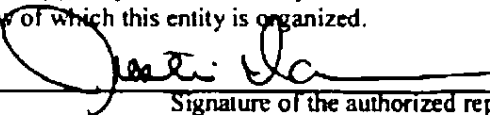
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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>                      |
|------------------------|-----------------|---------------------------------|--|
| President              | Colleen Edwards | 2999 North 44th Street, Ste 200 | <input type="checkbox"/> Add               |
|                        |                 | Phoenix, Arizona 85018          | <input checked="" type="checkbox"/> Remove |
| VP                     | Sally Morales   | 2999 North 44th Street, Ste 200 | <input type="checkbox"/> Add               |
|                        |                 | Phoenix, Arizona 85018          | <input checked="" type="checkbox"/> Remove |
|                        |                 |                                 | <input type="checkbox"/> Add               |
|                        |                 |                                 | <input type="checkbox"/> Remove            |
|                        |                 |                                 | <input type="checkbox"/> Add               |
|                        |                 |                                 | <input type="checkbox"/> Remove            |
|                        |                 |                                 | <input type="checkbox"/> Add               |
|                        |                 |                                 | <input checked="" type="checkbox"/> 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

Justin Iannacone, Authorized Signatory for Cove TRS - Venture III, LLC

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2018 24 AM 11:00  
CLERK OF STATE  
TALLAHASSEE, FL