(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900443415699

01/28/25--01021--016 **25.00

COVER LETTER

Divi	sion of Corporations						
SUBJECT:	THIRD LAKE RE VALUE-ADD OF	FICE III GP. LL	.C				
	Name of Foreig	gn Limited Lia	bility Co	mpany			
Dear Sir or I	Madam:						
The enclosed	d application, certificate and fee(s) are submitted	for filin	g.			
Please return	all correspondence concerning th	is matter to the	e followi	ng:			
Myra York							
	Name of Person		_				
Third Lake So	olutions, LLC						
	Firm/Company		_				
1600 E 8th As	ve, Suite A137-D						
	Address						
Tampa, FL 33	605						
	City/State and Zip Cod	le			- ´,	2025	
MYork@thire	llakesolutions.com				,	Z# 2:	
E-mail ad	dress: (to be used for future annua	I report notific	ation)		:	6-1	· ·
For further is	nformation concerning this matter	. please call:			•	83 St	
Myra York	Č	656 at (777-1	319	<u> </u>	ς. Ω	
	Name of Person	Area Cod	e & Day	time Telephone N	lumber		
Regi Divi P.O.	ng Address: stration Section sion of Corporations Box 6327 ahassee, FL 32314		Registr Division The Co 2415 N	address: ration Section on of Corporation entre of Tallahass V. Monroe Street, assee, FL 32303	sec	0	
Encl ■\$25 Filing	-	🗆 \$55 Filing		□ \$60 Filing F		0	
	Certificate of Status	Certified	Copy	Certificate Certified		X.	

TO: Registration Section

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)

processing the state of the sta	E HI GP, LLC 1600 E 8th Ave, Suite A132-A					
Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33605					
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)						
2. The Florida document number of this limited li						
3. Jurisdiction of its organization: DE 4. Date authorized to do business in Florida: 03/21/2022 SECTION II (5-9 complete only the applicable changes)						
SECTION II (5-9 complete only the applicable	changes)	55- 1	-			
5. New name of the limited liability company: (mus		(2) L	1			
(mu	st contain "Limited Liability Com	pany, " "L.L.C.," or "LLE")				
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register	maging members adopting the alto C." or "LLC.") red officer address on our records,	rnate name. The alternate ਸਿੰਘ	າຕ			
registered agent and/or the new registered office a						
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida	Street Address				
		, Florida				
	City	Zip Code				
		Florida Zip Code	5 14			

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: Updates to management and addresses.							
itle/Capacity	<u>Name</u>	Address Ty	ype of Action				
MGR	JONES, KENNETH	1600 EAST 8TH AVENUE, SUITE A132-A	_ □Add				
		TAMPA, FL 33605	■Remo				
MGR	Robert S. Forsythe	1600 E 8th Ave. Suite A132-A	_ ■Add				
		Tampa, FL 33605	_ □Remo				
MGR	Luke A. Thomas	1600 E 8th Ave, Suite A132-A	■Add				
		Tampa, FL 33605	_ □Remo				
			_ □Add				
			_ □Remo				
		<u></u>	_ □Add				
aforemention	ned amendment(s), duly authentic under the law of which this entity	than 90 days old, evidencing the cated by the official having custody of records in the sis organized.	_ □Remo				

Filing Fee: \$25.00