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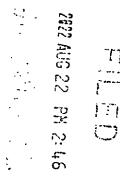
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: TA EHRLICH FEE OWNER LLC |
| Name of Foreign Limited Liability Company |
| Dear Sir or Madam: |
| The enclosed application, certificate and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Ethan J Pompey |
| Name of Person |
| TruAmerica Multifamily LLC |
| Firm/Company |
| 10100 Santa Monica Blvd. Suite 400 |
| Address |
| Los Angeles CA 90067 |
| City/State and Zip Code |
| epompey@truamerica.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Ethan J. Pompey at (904) 200-5712 |
| Name of Person Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amount: S25 Filing Fee \$\square\$ |

2

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

| SECTION | 1 (1-4 must be completed) | | ر دري |
|--|---|---|--------------------|
| 1. Name of limited liability Company as it appears | s on the records of the Florida I | Department of | 2022 AUG |
| State: TA EHRLICH FEE OWNER | LLC | | 등 - |
| Enter new principal office address, if applicable: | 10100 Santa Monica Blvd. Suit | e 400, Los Angeles CA 90 | |
| | | | PH |
| <u>Principal office address</u> MUST BE A STREET ADDRESS) | · · · · · · · · · · · · · · · · · · · | | <u></u> دن |
| · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | 10100 Santa Monica Blvd. Suil | · Annales CA 90 | W67 |
| Enter new mailing address, if applicable: (Mailing address) | 10 TOO GARRA MICHICA DIVID. GUI | | |
| MAY BE A POST OFFICE BOX) | | | |
| | | | |
| | | | |
| 2. The Florida document number of this limited lia | ibility company is: | | |
| 3. Jurisdiction of its organization: Delaware | | | |
| 4. Date authorized to do business in Florida: Jul | y 6th, 2022 | | |
| | | | |
| SECTION II (5-9 complete only the applicable a | _ | | |
| 5. New name of the limited liability company: Moreon (mus | t contain "Limited Liability Co | mpany, ""L.L.C.," or "L | LC.") |
| · · · · | | F 71 | , |
| If name unavailable, enter alternate name adopted copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.C. | naging members adopting the a | ousiness in Florida and at lternate name. The alterna | tach a ite name |
| 5. If amending the registered agent and/or registere registered agent and/or the new registered office agent and/or the new registered agent and/or the new registered agent agent and/or the new registered agent agen | ed officer address on our record ddress here: | s, enter the name of the n | <u>ew</u> |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | <u></u> |
| | Enter Floria | a Street Address | |
| | C:m. | , Florida Zip Code | |
| | City | гір Сопе | |

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.

| | | | |
|------------------|--|--|----------------|
| Fitle/ Capacity | <u>Name</u> | Address | Type of Action |
| Director | Ethan J. Pompey | 10100 Santa Monica Blvd. Suite 400, Los Angeles CA | 9006 <i>1</i> |
| | | | Remov |
| | | | Add |
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| | | _ | Remove |
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| | | | Add |
|). Attached is a | a certificate, if required: no more than 90 | days old, evidencing the | Remove |
| aforemention | ned amendment(s), duly authenticated by under the law of which this entity is orga | the official having custody of records in the | • |

Filing Fee: \$25.00