

M220000011168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

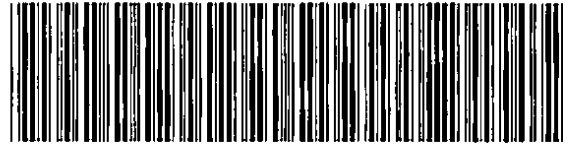
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CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 08/21/2023

Acc#120160000072

W: C D W

Name:	Mack (Tallahassee) LLC
Document #:	
Order #:	15089318 - 73

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

Filing: ☒	Certified: ☒
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Email Address for Annual Report Notification

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

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: Mack (Tallahassee) LLC

Enter new principal office address, if applicable: 6688 North Central Expressway

(Principal office address
MUST BE A STREET ADDRESS)

Suite 1600

Dallas, Texas 75206

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

6688 North Central Expressway

Suite 1600

Dallas, Texas 75206

2. The Florida document number of this limited liability company is: M22000011168

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/18/2022

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>
Member	Mack (Tallahassee) REIT, Inc.	6688 North Central Expressway, Suite 1600	☐ Add
		Dallas, TX 75206	☒ Change
			☐ Remove
President	Sims, Laura P	6688 North Central Expressway, Suite 1600	☐ Add
		Dallas, TX 75206	☒ Change
			☐ Remove
VP	McManus, Faith	6688 North Central Expressway, Suite 1600	☐ Add
		Dallas, TX 75206	☒ Change
			☐ Remove
Secretary, VP	Shearer, Sveven R.	6688 North Central Expressway, Suite 1600	☐ Add
		Dallas, TX 75206	☒ Change
			☐ Remove
VP	Schuck, Mark	6688 North Central Expressway, Suite 1600	☒ Add
		Dallas, TX 75206	☐ 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

Laura P. Sims, President

Typed or printed name of signee

Filing Fee: \$25.00