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Name:	RAR2 - Lake Ridge Member, LLC
Document #:	
Order #:	15005086 - 5

Certified Copy of Arts & Amend:	
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Certified Copy of	
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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)

 Name of limited liability Company as it appears State: <u>RAR2 - Lake Ridge Member, LLC</u> 		SE ALL
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)		
2. The Florida document number of this limited liab	wility company is: <u>M22000012</u>	137
3. Jurisdiction of its organization:		
4. Date authorized to do business in Florida:	st 3, 2022	
SECTION II (5-9 complete only the applicable cl	hanges)	
5. New name of the limited liability company: $\frac{RA}{(must)}$	R2 - Hamlin Townhomes Mem contain "Limited Liability Con	ber LLC npany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted to copy of the written consent of the managers or mana must contain "Limited Liability Company," "L.L.C.	for the purpose of transacting b aging members adopting the al ." or "LLC.")	ousiness in Florida and attach a ternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a Street Address
	City	, Florida Zip Code
<u>New Registered Agent's Signature, if changing Reg</u> I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change in liability company has been notified in writing of this	<u>distered Agent:</u> t and agree to act in this capace and complete performance of n red agent as provided for in C n the registered office address,	ity. I further agree to comply with y duties, and I am familiar with hapter 605, F.S. Or, if this

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:

Title/ Capacity	Name	Address Ty	pe of Action
			_ □∧ḋd
·····			_ 🗆 Add
			_ 🗆 Remove
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aforementioned am	he law of which this entity is organ	the official having custody of records in the	_ 🗆 Remove

Typed or printed name of signee

Filing Fee: \$25.00



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "RAR2 - LAKE RIDGE MEMBER, LLC", CHANGING ITS NAME FROM "RAR2 - LAKE RIDGE MEMBER, LLC" TO "RAR2 - HAMLIN TOWNHOMES MEMBER LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2023, AT 5:27 O`CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

. .

State of Delaware Secretary of State Division of Corporations Delivered 05:27 PM 06/23/2023 FILED 05:27 PM 06/23/2023 SR 20232843442 - File Number 6945639

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

- Name of Limited Liability Company:
 RAR2 Lake Ridge Member, LLC
- 2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the company should be changed to RAR2 - Hamlin Townhomes Member LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the $\frac{23rd}{day}$ of $\frac{June}{day}$, A.D. $\frac{2023}{day}$.

Authorized Person(s)

Name: Vanessa C. Lew

Print or Type