

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M22000013754

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)575-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RD TAMPA WEST RIVER LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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K. SALY

NOV - 9 2022

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: RD Tampa West River LLC

Enter new principal office address, if applicable:

3953 Maple Avenue, Suite 300

(Principal office address

MUST BE A STREET ADDRESS)

Dallas, Texas 75219

Enter new mailing address, if applicable:

3953 Maple Avenue, Suite 300

(Mailing address

MAY BE A POST OFFICE BOX)

Dallas, Texas 785219

2. The Florida document number of this limited liability company is: M22000013754

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 2, 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

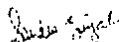
Florida 33324

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.



Sandra Zwijack, Assistant Secretary

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>
AMBR	PRH Investments LLC	2850 Tigertail Avenue, Suite 800	<input type="checkbox"/> Add
		Miami, FL 33133	<input checked="" type="checkbox"/> Remove
MBR	Manor West River Holdings LLC	3953 Maple Avenue, Suite 300	<input checked="" type="checkbox"/> Add
		Dallas, TX 75219	<input type="checkbox"/> Remove
AR	Ron J. Hoyl	3953 Maple Avenue, Suite 300	<input checked="" type="checkbox"/> Add
		Dallas, TX 75219	<input type="checkbox"/> Remove
VP	Ron J. Hoyl	3953 Maple Avenue, Suite 300	<input checked="" type="checkbox"/> Add
		Dallas, TX 75219	<input type="checkbox"/> Remove
AR	Arturo Pena	2850 Tigertail Ave, Suite 800	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input 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

Ron J. Hoyl, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00