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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 720036 4341431

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: May 4, 2023

ORDER TIME : 9:12 AM

ORDER NO. : 720036-010

CUSTOMER NO: 4341431

FOREIGN FILINGS

NAME: CYPRESS LAKES - VENTURE IV,

LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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. Lakes - Venture IV 11 C	ears on the records of the Florida	Department of	
State: Cypress Lakes - Venture IV, LLC Enter new principal office address, if applicable	:		
(Principal office address MUST BE A STREET ADDRESS)		100	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TARTOR PH	
2. The Florida document number of this limited	liability company is: M22000013		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 6/	21/2022		
SECTION II (5-9 complete only the applicab	le changes)		
5. New name of the limited liability company: (m	oust contain "Limited Liability Co	mpany, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adoption copy of the written consent of the managers or must contain "Limited Liability Company," "L.	nanaging members adopting the a	business in Florida and attach a liternate name. The alternate name	
6. If amending the registered agent and/or regist registered agent and/or the new registered office		is, enter the name of the new	
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.

Authorized Person Colleen Edwards 2999 North 44th Street, Stc 200 Authorized Person Colleen Edwards 2999 North 44th Street, Stc 200 Add Phoenix, Arizona 85018 Remove Add Remove Add Remove Add Remove Add Add Remove			ty in accordance with 605.0902 (1)(e), indicate	<u></u>
Phoenix, Arizona 85018	Title/ Capacity	<u>Name</u>	Address	Type of Action
	Authorized Person	Colleen Edwards	2999 North 44th Street, Stc 200	■Add
			Phoenix, Arizona 85018	
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Signature of the domestic territories and the second of th		Signaro	re of the authorized representative	2000年
David Napp, Authorized Signatory for Portfolio-Venture IV, ELC			r printed name of signee	PH 1:

Filing Fee: \$25.00