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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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LLC Amend

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## CT CORP

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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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)

1. Name of limited liability Company as it appears	on the red	ords of the Florida	Department of	
State: Clennwood MHP II	LLC			
Enter new principal office address, if applicable:				
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )				m FFB 14
Enter new mailing address, if applicable:  (Mailing address  MAY BE A POST OFFICE BOX)				The state of the s
2. The Florida document number of this limited liab	oility comp	any is: _ <b>MM220</b>	<u>000/5595</u>	
3. Jurisdiction of its organization:	De:	aware		
4. Date authorized to do business in Florida:		110122		
SECTION II (5-9 complete only the applicable cl	hanges)			
5. New name of the limited liability company: (must	contain "L	mited Liability Co.	mpany, " "L.L.C.," or "LLC."	')
(If name unavailable, enter alternate name adopted a copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	aging mem	bers adopting the a	business in Florida and attach laternate name. The alternate na	a ime
6. If amending the registered agent and/or registered registered agent and/or the new registered office ade		dress on our record	s, enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:		Enter Florid	a Street Address	
			, Florida	
		City	Zip Code	
New Registered Agent's Signature, if changing Reg 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	and agree nd comple red agent a the regist	to act in this capac e performance of n s provided for in C	ry duties, and I am familiar wi hapter 605, F.S. Or, if this	th
If Ch:	anging Res	istered Agent, Sign	ature of New Registered Ager	nt

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mendment(s), duly aut	thenticated by t	the official having custody of records in the	•
ı	mendment(s), duly au the law of which this	mendment(s), duly authenticated by the law of which this entity is organ	ificate, if required: no more than 90 days old, evidencing the mendment(s), duly authenticated by the official having custody of records in the the law of which this entity is organized.  Mac Awards  Signature of the authorized representative