## M22000016838

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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### **CT CORP**

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

11/16/2022

D	Acc#120160000072
	Acc#120160000072
Name:	SNL United Rentals Orange Blossom Trail, LLC
Document #:	
Order #:	14637310
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:   Plain:  COGS:
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 app	pears on the records of the Florida Department of	
State: SNL United Rentals Orange Blossom	Trail, LLC	_
Enter new principal office address, if applicab		<del>-</del>
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	SECTION IS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HASS THE	10:0HO:0h
2. The Florida document number of this limite	ed liability company is: M22000016838	_
		_
4. Date authorized to do business in Florida:	November 3, 2022	_
SECTION II (5-9 complete only the applica	able changes)	
5. New name of the limited liability company (	SNL Orange Blossom Trail, LLC must contain "Limited Liability Company," "L.L.C.," or "LLC	<u></u> )
(If name unavailable, enter alternate name ado copy of the written consent of the managers or must contain "Limited Liability Company," "I	opted for the purpose of transacting business in Florida and attac r managing members adopting the alternate name. The alternate L.L.C." or "LLC.")	in a name
6. If amending the registered agent and/or registered agent and/or the new registered offi	istered officer address on our records, enter the name of the new ce address here:	<u>:</u>
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida Street Address	
	, Florida	
	City Zip Code	
the provisions of all statutes relative to the pro and accept the obligations of my position as re	agent and agree to act in this capacity. I further agree to compoper and complete performance of my duties, and I am familiar egistered agent as provided for in Chapter 605, F.S. Or, if this inge in the registered office address, I hereby confirm that the l	with
	If Changing Registered Agent, Signature of New Registered A	<u>gent</u>

	nanges person, title or capacity in acc				
Fitle/ Capacity	<u>Name</u>	Address	Type o	Type of Action	
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aforementioned am	icate, if required: no more than 90 de endment(s), duly authenticated by the he law of which this entity is organiz	ne official having custody of recor-		□Remo	
	NCB CBILL	e authorized representative			

Filing Fee: \$25.00

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'SNL UNITED RENTALS
ORANGE BLOSSOM TRAIL, LLC', FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO 'SNL ORANGE BLOSSOM TRAIL, LLC' ON THE
FOURTEENTH DAY OF NOVEMBER, A.D. 2022, AT 5:27 O'CLOCK P.M.



Authentication: 204862490

Date: 11-15-22

7118554 8320 SR# 20224024447