## M22000017077

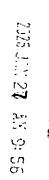
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

	egistration Section Division of Corporations						
SUBJEC	TLP RE MF III-VI Saint Petersbur	g I Owner, LLC					
	Name of For	eign Limited Li	ability Co	mpany			
Dear Sir	or Madam:						
The enclo	osed application, certificate and fee	(s) are submitte	d for filin	ñ.			
Please re	turn all correspondence concerning	this matter to the	he followi	ng:			
Myra Yor	k						
	Name of Person						
Third Lak	e Solutions, LLC						
	Firm/Company						
1600 E 8tl	n Ave. Suite A137-D						
	Address	_			_ (3	2025	
Tampa, F	1, 33605					625 JAX	
	City/State and Zip C	ode			•	2	
-	thirdlakesolutions.com				(-)	<u> </u>	-
E-mail	address; (to be used for future ann	ual report notifi	cation)		1 1	ດ) ເນ	
For furth	er information concerning this mat	ter, please call:					
Myra Yor		at (	)1		<u>.</u>		
	Name of Person	Area Co	de & Day	time Telephon	e Number		
	Lailing Address: Registration Section Division of Corporations C.O. Box 6327 Callahassee, FL 32314		Regist Division The Co 2415 N	Address: ration Section on of Corporat entre of Tallah N. Monroe Str assee, FL 3236	tions tassee eet, Suite 810	)	
F ■\$25 Fi	Inclosed is a check for the followi ling Fee □ \$30 Filing Fee & Certificate of Statu	🗆 \$55 Filir	-		ng Fee, ate of Status of ified Copy	Ŀ	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION 1 (1-4 must be completed)

State: TLP RE MF III-VI Saint Petersburg I Own	1600 E 8th Ave Suite A132-A			
Enter new principal office address, if applicable:				
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	Tumpa, FL 33605			
Enter new mailing address, if applicable:	1600 E 8th Ave Suite A132-A			
( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	Tampa, F1, 33605			
	iability company is: M22000017077			
4. Data authorized to do buciness in Florida: 11/9	9/2022			
SECTION II (5-9 complete only the applicable	changes)	0 1 150 2/1 C * - 9		
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.C.," or			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.6	d for the purpose of transacting business in Florida and anaging members adopting the alternate name. The alternate or "LLC.")	attach a ratemane ra		
6. If amending the registered agent and/or registered agent and/or the new registered office as	red officer address on our records, <u>enter the name of the</u> address here:	new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street Address			
_	. Florida Zip Coo	de		
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	egistered Agent: ent and agree to act in this capacity. I further agree to e r and complete performance of my duties, and I am fam stered agent as provided for in Chapter 605, F.S. Or, if t in the registered office address, I hereby confirm that t	omply with iliar with this		

	ment changes person, title or capa nanagement and addresses.	acity in accordance with 605.0902 (1)(e), indicate that	change:
itle/ Capacity	Name	<u>Address</u>	Type of Actio
MGR	Kenneth Jones	1600 E 8 AVE. SUITE A132-A	□Add
		TAMPA, FL 33605	≣Remo
AR	Robert S. Forsythe	1600 E 8th Ave Suite A132-A	<b>≡</b> Add
		Tampa, FL 33605	□Remo
AR	Luke A. Thomas	1600 E 8th Ave Suite A132-A	<b>=</b> Add
		Tampa. FL 33605	□Remo
			□Add
			□Remo
			□Add
aforemention	ned amendment(s), duly authenti- under the law of which this entity	than 90 days old, evidencing the cated by the official having custody of records in the sis organized.  ature of the authorized representative	⊡Remo

Filing Fee: \$25.00