

M23 00000 1031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

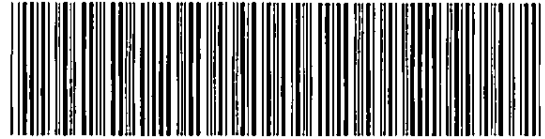
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 7 6 2024

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100433199031

FILED
2024 AUG 23 AM 8:42
CLERK OF COURT
JULIA A. HARRIS

RECEIVED
2024 AUG 23 AM 10:06
CLERK OF STATE
JULIA A. HARRIS

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/23/2024
Acc#I20160000072

en: c DW

Name:	Courtyard Management LLC
Document #:	
Order #:	15832888

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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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 appears on the records of the Florida Department of
State: COURTYARD MANAGEMENT LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000001031

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 01/25/2023

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: _____

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.

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DOROTHY M. INGALLS	7750 Wisconsin Ave., Bethesda, MD 20814	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	CAMERON REED	7750 Wisconsin Ave., Bethesda, MD 20814	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
P/MGR	WILLIAM P. BROWN	7750 Wisconsin Ave., Bethesda, MD 20814	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
VP/ASST. SECY.	MARGERY A. BRENEMAN	7750 Wisconsin Ave., Bethesda, MD 20814	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
VP/ASST. SECY.	SONIA H. GREENE	7750 Wisconsin Ave., Bethesda, MD 20814	<input checked="" type="checkbox"/> Add
			<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
SEE FOLLOWING PAGE

Typed or printed name of signee

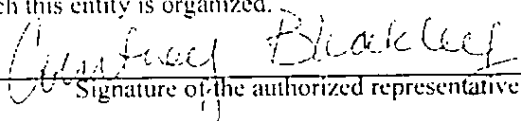
Filing Fee: \$25.00

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP/ASST. SECY.	ANNETTE L. LONDON	7750 Wisconsin Ave., Bethesda, MD 20814	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
ASST. SECY.	JEREMY K. ORDONE	7750 Wisconsin Ave., Bethesda, MD 20814	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
VP/S	ANDREW P.C. WRIGHT	7750 Wisconsin Ave., Bethesda, MD 20814	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
T	JENNIFER MASON	7750 Wisconsin Ave., Bethesda, MD 20814	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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

Courtney Bleakley

Typed or printed name of signee

Filing Fee: \$25.00