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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

 Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SFG ISF DAVIE 49, LLC

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NOV - 9 2023

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Help

## 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 Com State: SFG ISF Davie 49, LLC	· · · · · ·	of the Florida Department of		
Enter new principal office address	s. if applicable:			
( <u>Principal office address</u> <u>MUST BE A STREET ADDRES</u>	(S)			
Enter new mailing address, if app (Mailing address MAY BE A POST OFFICE BOX		· .		
		is: M23000001693 : 2		
3. Jurisdiction of its organization	Delaware			
4. Date authorized to do business	in Florida: February 8, 2023			
SECTION II (5-9 complete only				
5. New name of the limited liabil	ity company: SFG ISF II Davic - (must contain "Limit	49. LLC ted Liability Company, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternations of the written consent of the must contain "Limited Liability C	managers or managing members	e of transacting business in Florida and attach a s adopting the alternate name. The alternate nam	ie	
6. If amending the registered ager registered agent and/or the new re	gistered office address here:	ss on our records, enter the name of the new		
Name of New Registered Agent:	C.T Corporation System			
New Registered Office Address:	1200 South Pine Island Road			
	Enter Florida Street Address			
	Plantation	Zity Florida 33324 Zip Code		
	C	Zity Zip Code		
the provisions of all statutes relate and accept the obligations of my	is registered agent and agree to a live to the proper and complete position as registered agent as properties to a change in the registered d in writing of this change.	act in this capacity. I further agree to comply winterformance of my duties, and I am familiar with rovided for in Chapter 605, F.S. Or. if this d office address, I hereby confirm that the limited brush BULL areas BULL ered Agent. Signature of New Registered Agent		
	ii Changing Registe	eten WReitr Offigure of Mem Kehlzieten Whelli		

From: Keity Toon

3. If the amendment changes person, title or capacity in accordance with 605,0902(1)(e), indicate that change:								
tle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action					
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aforementioned am	cate, if required: no more than 90 endinent(s), duly authenticated by the law of which this entity is orga	y the official having custody of records in th	□Remov					
	Signature of	Jackettle the authorized representative						

Filing Fee: \$25.00



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'SFG ISF DAVIE 49, LLC", CHANGING ITS NAME FROM "SFG ISF DAVIE 49, LLC" TO "SFG ISF II DAVIE 49, LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF NOVEMBER, A.D. 2023, AT 3:26 O'CLOCK P.M.



Authentication: 204522157

Date: 11-04-23