

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H230001580623ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DENALI RESIDENTIAL EAST, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

FILED
2023 APR 27 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 02 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Denali Residential East, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Torkelson

Name of Person

PeakMade Real Estate

Firm/Company

2970 Clairmont Road NE, Suite 310

Address

Atlanta, GA 30329

City/State and Zip Code

jtorkelson@peakmade.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Torkelson

at (404) 920-5334

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee
 ☐ \$30 Filing Fee & Certificate of Status
 ☐ \$55 Filing Fee & Certified Copy
 ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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Ronnie Campbell

From: faxfinder@capitol-services.com
Sent: Thursday, April 27, 2023 4:33 PM
To: Ronnie Campbell
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6383
Attachments: fax_outbound_850-617-6383_20230427_153309_00006C38-0000.pdf

Create Time: 04/27/2023 03:25:24 PM

Schedule Time: 04/27/2023 03:33:09 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Ronnie Campbell

Sender email: rcampbell@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject: H23000158062 3

Max tries: 5

Try interval: 600

Priority: 3

Pages: 5

Recipient fax: 850-617-6383

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

**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: Denali Residential East, 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)

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2. The Florida document number of this limited liability company is: M23000003470
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 03/17/2023

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:

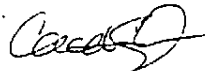
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Add Manager

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Thomas Bisanz	5729 LEBANON RD. FRISCO, TX 75034	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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

Casey Petersen

Typed or printed name of signee

Filing Fee: \$25.00

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