

M23 000005004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

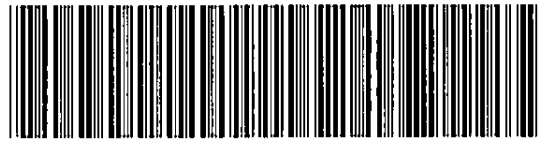
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600446985736

FILED

2025 MAY 15 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2025 MAY 15 PM 4:50

NOTARY PUBLIC
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 5/15/2025

*****WALK IN*****

ENTITY NAME BEDROCK MH SALES III CAMARGO LLC

DOCUMENT NUMBER _____

*****PLEASE FILE THE ATTACHED AND RETURN*****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

*****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY*****

Certified Copy of Arts & Amendments

Certificate of Good Standing

*****APOSTILLE' / NOTARIAL CERTIFICATION*****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

S. B. J. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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: BEDROCK MH SALES III CAMARGO 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)

PO Box 750 Westport CT 06880

2025 MAY 15 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2. The Florida document number of this limited liability company is: M23000005004

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/18/2023

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 "L.L.C.")

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>
AR	Rhonda Stroud	650 FIFTH AVENUE STE 1601	☒ Add
		NEW YORK, NY 10019	☐ Remove
AR	Samantha Anderes	650 FIFTH AVENUE STE 1601	☒ Add
		NEW YORK, NY 10019	☐ Remove
AR	Sammi Mitchell	650 FIFTH AVENUE STE 1601	☒ Add
		NEW YORK, NY 10019	☐ Remove
AR	Tammy Vick	650 FIFTH AVENUE STE 1601	☒ Add
		NEW YORK, NY 10019	☐ Remove
			☐ 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.

/S/ Paul Gojkovich

Signature of the authorized representative

Paul Gojkovich

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2025 MAY 15 PM 3:00
STATE OF FLORIDA
TALLAHASSEE