## M23000007279

(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:
Special Manuellons to Filling Officer.

Office Use Only



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## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJ	ECT: TLV RE	MF V FREEPORT II OWN				
		Name of Foreig	gn Limited Li	ability Co	mpany	
Dear S	Sir or Madam:					
The er	nclosed applicat	ion, certificate and fee(s)	are submitte	d for filing	g.	
Please	return all corre	spondence concerning th	is matter to the	ie followi	ng:	
Myra	York					
		Name of Person	<del></del> -			
Third	Lake Solutions, LI	.C				
		Firm/Company				
1600 1	E8th Ave, Suite A	137-D				207
		Address				2025 JUN 27
Tampa	ı, FL 33605					23 1
		City/State and Zip Cod	e			AM 9: 47
	k@thirdlakesolutio					9.4
13-n	nail address: (to	be used for future annua	l report notifi	cation)		fr. —
For fu	orther informatio	n concerning this matter	. please call:			
Муга	York		656 at (	777-1	319	
	Name	of Person		de & Day	time Telephone l	Number
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		Division The Co 2415 N	address: ration Section on of Corporatio entre of Tallahas J. Monroe Stree assee, FL 32303	ssee t, Suite 810
■\$25		check for the following □ \$30 Filing Fee & Certificate of Status	amount: □ \$55 Filir Certified	_		Fee. e of Status & ed Copy

## 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: TLV RE MF V FREEPORT II OWNER.  Enter new principal office address, if applicable:	1600 E. 8TH AVE, SUITE A132-C					
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	TAMPA, FL 33605					
Enter new mailing address, if applicable: (Mailing address)	1600 E. 8TH AVE. SUITE A132-C					
MAY BE A POST OFFICE BOX)	TAMPA, FL 33605					
2. The Florida document number of this limited li	iability company is: M23000007279					
3. Jurisdiction of its organization: DE	·	2025 JAN 28				
4. Date authorized to do business in Florida:	/05/2023					
SECTION II (5-9 complete only the applicable						
5. New name of the limited liability company: (mus	ast contain "Limited Liability Company, " "L.L.C.," or, 7L	1:67. 1 1:69. 1				
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and atta anaging members adopting the alternate name. The alternate. C." or "LLC.")	ach a te name				
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the ne address here:	<u>:w</u>				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida Street Address					
<del></del>	City Zip Code					
the provisions of all statutes relative to the proper and accept the obligations of my position as regis	•	iply with ir with				

Fitle/ Capacity Name		Address	Type of Action
R	Thomas, Luke A.	1600 E. 8TH AVE, SUITE A132-C	<b>=</b> Add
		TAMPA, FL 33605	□Reme
1BR	TLV RE MF V Freeport II Holding, LLC	1600 E. 8TH AVE. SUITE A132-C	<b>=</b> Add
		TAMPA, FL 33605	□Remo
			□Add
			□Rem
			□Add
			□Rem
			□Add
aforement	is a certificate, if required: no more than 9 tioned amendment(s), duly authenticated by under the law of which this entity is org	by the official having custody of records in	□Rem

Filing Fee: \$25.00