M 23 00000 7672

(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



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2023 JUL 35 AM II:

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 901575 4305026	
AUTHORIZATION: Include Man	
COST LIMIT : \$ 25.00	200
ORDER DATE : July 25, 2023	,-,
ORDER TIME : 9:04 AM	•
ORDER NO. : 901575-030	
CUSTOMER NO: 4305026	5 1.2
CUSTOMER NO: 4303026	
FOREIGN FILINGS	
NAME: GRAND OAK CIRCLE LLC	
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY	
XXXX AMENDMENT	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Eyliena Baker EXT#	
EXAMINER:	

COVER LETTER

_	on Section of Corporations			
SUBJECT: Gran	d Oak Circle LLC			
30bole (Name of Forei	gn Limited Lial	bility Com	pany
Dear Sir or Madai	n:			
The enclosed appl	ication, certificate and fee(s) are submitted	for filing.	
Please return all c	orrespondence concerning th	is matter to the	: following	<u>ç</u> :
c/o Rachael Charest				
	Name of Person		_	
Sullivan & Worcesto	er LLP			
	Firm/Company		_	
One Post Office Squ	are			
	Address		_	
Boston, MA 02109				
	City/State and Zip Coo	le	_	
rcharest@sullivanla	w.com			
E-mail address:	(to be used for future annua	l report notifica	ation)	
Can firmbon inform	ation noncoming this mater	بالمعارب معالد		
Rachael Charest	ation concerning this matter	, 617	338-286	8
Na	nme of Person	_ at (Area Code	e & Daytin	ne Telephone Number
Division of P.O. Box	on Section of Corporations		Division The Cent 2415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303
Enclosed □\$25 Filing Fee CR2E055 (9/15)	is a check for the following ☐ \$30 Filing Fee & Certificate of Status	amount: □ \$55 Filing Certified (☐ \$60 Filing Fee. Certificate of Status & Certified Copy

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: Grand Oak Circle LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited liab	pility company is: M23000007	7672
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 06/13/	/2023	
SECTION II (5-9 complete only the applicable cl	hanges)	
5. New name of the limited liability company: Gra (must	and Oak Circle Tampa LLC contain "Limited Liability Co	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted to copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	aging members adopting the a	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	d officer address on our record dress here:	is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la Street Address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper a and accept the obligations of my position as register document is being filed to merely reflect a change ir liability company has been notified in writing of this	t and agree to act in this capa and complete performance of r red agent as provided for in C an the registered office address	ny duties, and I am familiar with Chapter 605, F.S. Or, if this

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
tle/ Capacity	<u>Name</u>	Address	Type of Action			
			□Add			
			□Remo			
			□Add			
			□Remo			
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
			□Remo			
			□Add			
			□Remo			
			DAdd			
aforementioned an	icate, if required: no more than 90 onendment(s), duly authenticated by the law of which this entity is organ	the official having custody of records in ized.	□Remo			

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "GRAND OAK CIRCLE LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "GRAND OAK CIRCLE TAMPA LLC" ON THE TWENTIETH DAY OF JULY, A.D. 2023, AT 6:03 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 203823241

Date: 07-25-23