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Name:	SCC ESTERO CROSSING FL LLC
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# **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: SCC Estero Crossing FL LLC

Name of Foreign Limited Liability Company

327 AH11:42

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Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Courtney Hall

Name of Person

Jones Day

Firm/Company

901 Lakeside Ave.

Address

Cleveland, Ohio 44114

City/State and Zip Code

cchall@jonesday.com

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

For further information concerning this matter, please call:

Courtney Hall		216 586	-1205	
Na	me of Person	/	ytime Telephone Number	
Mailing Add	lress:	Street	Address:	
Registration Section		Registration Section		
Division of Corporations		Divis	Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415	N. Monroe Street, Suite 810	
		Talla	hassee, FL 32303	
Enclosed i	s a check for the following	amount:		
□\$25 Filing Fee	🗆 \$30 Filing Fee &	🛛 🛛 \$55 Filing Fee &	□ \$60 Filing Fee.	
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
CR2E055 (9/15)				

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## **APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE** AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

The future effective date is February 28, 2024

#### 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: SCC Estero Crossing FL 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)

2. The Florida document number of this limited liability company is: M23000012584

3. Jurisdiction of its organization: \_\_\_\_\_ 4. Date authorized to do business in Florida: September 29, 2023

#### SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CL Estero Crossing FL LLC

(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 \_\_\_\_\_ 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.

City

If Changing Registered Agent, Signature of New Registered Agent

#### DocuSign,Envelope ID: 45915D21-1AEB-4721-80B3-6C097C9B6915

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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)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
			🖾 Add
			Remove
			🗆 🖂 🖂
			□Add
			🗆 Remove
			□Add
aforemention		ed by the official having custody of record	□Remove s in the
jurisdiction u		organized. off re of the authorized representative	
	Michael S. Owendoff Typed o	r printed name of signee	-

### Filing Fee: \$25.00



Page 1

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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 "SCC ESTERO CROSSING FL LLC", CHANGING ITS NAME FROM "SCC ESTERO CROSSING FL LLC" TO "CL ESTERO CROSSING FL LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2024, AT 7:14 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2024.





Authentication: 202889229 Date: 02-26-24

6766378 8100 SR# 20240665450

You may verify this certificate online at corp.delaware.gov/authver.shtml

DocuSign Envelope ID: 05F4209E-6901-4D58-ACC3-FC2274FCF3EE

# STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is SCC Estero Crossing FL LLC.

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

**<u>First</u>**: The name of the limited liability company (the "Company") is CL Estero Crossing FL LLC.

3. This Certificate of Amendment of Certificate of Formation shall be effective on February 28, 2024.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Certificate of Formation on February 23, 2024.

By: Michael S. Owendoff -0716425CADF347 Authorized Person

Name: Michael S. Owendoff Print or Type

> State of Delaware Secretary of State Division of Corporations Delivered 07111 (DM 024134031