

M23000015364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

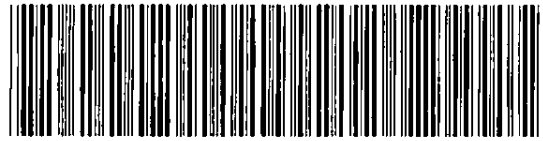
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP - 4 2024

Office Use Only



300435261093

09/27/24--011021--003 ++\$5.00

2024 AUG 27 PM 12:26

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1397 Medical Park Blvd Owner, 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:

Jeanne Battles

Name of Person

Christy S. Evans PLLC

Firm/Company

661 University Blvd., Suite 200

Address

Jupiter, Florida 33458

City/State and Zip Code

entityfilings@rendina.com

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

For further information concerning this matter, please call:

Jeanne Battles

at () 561-354-4919

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

**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: 1397 MEDICAL PARK BLVD OWNER, 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: M23000015364

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/06/2023

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:

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

Remove Artemis Real Estate Partners, LLC and Leslie Schillig and add ART-REN Investments, LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Artemis Real Estate Partners, LLC	5404 WISCONSIN AVE., STE. 1000	<input type="checkbox"/> Add
		CHEVY CHASE, MD 20815	<input checked="" type="checkbox"/> Remove
AP	SCHILLIG, LESLIE	5404 WISCONSIN AVE., STE. 1000	<input type="checkbox"/> Add
		CHEVY CHASE, MD 20815	<input checked="" type="checkbox"/> Remove
Member	ART-REN INVESTMENTS, LLC	5404 WISCONSIN AVE., STE. 1000	<input checked="" type="checkbox"/> Add
		CHEVY CHASE, MD 20815	<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

SEE ATTACHED

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1397 Medical Park Blvd Owner, 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:

Jeanne Battles

Name of Person

Christy S. Evans PLLC

Firm/Company

661 University Blvd., Suite 200

Address

Jupiter, Florida 33458

City/State and Zip Code

entityfilings@rendina.com

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

For further information concerning this matter, please call:

Jeanne Battles

at (_____) 561-354-4919

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

**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: 1397 MEDICAL PARK BLVD OWNER, 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: M23000015364

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/06/2023

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

FILED
2024 AUG 27 PM 12:26
FLORIDA

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:

Remove Artemis Real Estate Partners, LLC and Leslie Schillig and add ART-REN Investments, LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Artemis Real Estate Partners, LLC	5404 WISCONSIN AVE., STE. 1000	<input type="checkbox"/> Add
		CHEVY CHASE, MD 20815	<input checked="" type="checkbox"/> Remove
AP	SCHILLIG, LESLIE	5404 WISCONSIN AVE., STE. 1000	<input type="checkbox"/> Add
		CHEVY CHASE, MD 20815	<input checked="" type="checkbox"/> Remove
Member	ART-REN INVESTMENTS, LLC	5404 WISCONSIN AVE., STE. 1000	<input checked="" type="checkbox"/> Add
		CHEVY CHASE, MD 20815	<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

SEE ATTACHED

Typed or printed name of signee

Filing Fee: \$25.00


[SIGNATURE PAGE TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY
TO TRANSACT BUSINESS IN FLORIDA]

1397 MEDICAL PARK BLVD OWNER, LLC.
a Delaware limited liability company

By: ART-REN INVESTMENTS, LLC.
a Delaware limited liability company, its sole member

By: REN APOLLO JV INVESTORS, LLLP.
a Florida limited liability limited partnership,
as its Administrative Member

By: REN APOLLO EQUITY INVESTORS, LLC.
a Florida limited liability company, as general partner of
REN APOLLO JV INVESTORS, LLLP

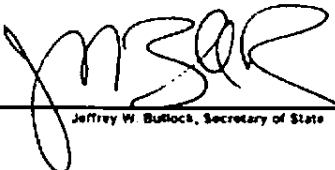
By: 
David B. Rending, Vice President

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "1397 MEDICAL PARK BLVD OWNER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF AUGUST, A.D. 2024.


Jeffrey W. Bullock, Secretary of State

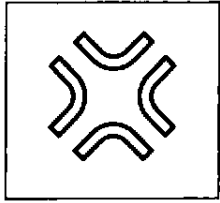
2716943 8300

SR# 20243285248

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

Authentication: 204182962

Date: 08-16-24



CHRISTY S. EVANS PLLC

661 University Boulevard
Suite 200
Jupiter, FL 33458

Phone: 561-630-5055
Fax: 561-354-4955
E-mail: cevans@evendina.com

August 19, 2024

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

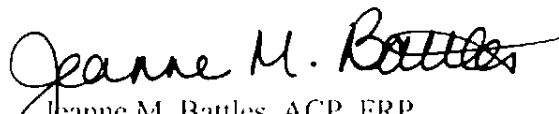
Re: Application by Foreign Limited Liability Company to File Amendment to Certificate
of Authority to Transact Business in Florida
1397 Medical Park Blvd Owner, LLC
#M23000015364

To Whom it May Concern:

Enclosed is an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida which has been executed on behalf of 1397 Medical Park Owner, LLC. The purpose of this amendment is to correct the members of the limited liability company. I have also enclosed a Delaware Certificate of Good Standing and a check in the amount of \$55.00.

Please return a certified copy to me. Thank you for your assistance.

Sincerely,


Jeanne M. Battles, ACP, FRP
Advanced Certified Paralegal

Enclosures