## M23000015691

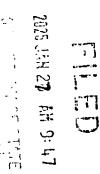
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Efficy Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000443367740

01/28/25--01027--007 (\*\*25.00



FEB 0 1 2025 D CUSHING

## **COVER LETTER**

то:		on Section of Corporations						
SUBJE	FCT: TLV	RE SS II Jacksonville II Owner	, LLC					
,,,,,,,,,		Name of Forei	gn Limited Liab	ility Co	mpany			
Dear S	ir or Mada	m:						
The en	closed app	lication, certificate and fee(s	) are submitted	for tiling	g.			
Please	return all c	orrespondence concerning the	his matter to the	followi	uß;			
Myra Y	'ork							
		Name of Person		_				
Third L	ake Solution	as, LLC						
		Firm/Company		_				
1600 E	8th Ave. Su	ite A137-D						
		Address	_	-		, £ \$	2625	
Tampa,	, FL 33605	_		_		5	15 J. H	
		City/State and Zip Co	de			:	23	ì
MYork	@thirdlakes	olutions.com				7 -1 1	pr IX	
E-ma	ail address	: (to be used for future annua	al report notifica	ition)		ر . إسد 1 : نسم	£19: 47	•
For fur	ther inform	nation concerning this matter	r. please call:			<i>[</i> 11		
Мута Ү	fork		656 at (	777-1	319			
	N	ame of Person		& Day	time Telephone Nur	nber		
	Division (P.O. Box	on Section of Corporations		Division The Control 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, S assee, FL 32303			
■\$25	Enclosed Filing Fee	is a check for the following ☐ \$30 Filing Fee & Certificate of Status	g amount:   \$55 Filing Certified C		☐ \$60 Filing Fee Certificate of Certified C	Status &	:	

## 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)

Enter new principal office address, if applicable:	1600 E 8th Ave Suite A132-C					
Principal office address	Tampa, FL 33605					
MUST BE A STREET ADDRESS)						
Inter new mailing address, if applicable:	1600 E 8th Ave Suite A132-C					
<u>Mailing address</u> MAY BE A POST OFFICE BOX)	Tampa, FL 33605					
2. The Florida document number of this limited lie		591				
3. Jurisdiction of its organization: DE						
4. Date authorized to do business in Florida: 12/	- 5					
SECTION II (5-9 complete only the applicable	changes)	- 1 12				
5. New name of the limited liability company:(mus		2				
(mus	st contain "Limited Liability Con	mpany. " "L.L.C" or "LLC <del>zy</del> A				
If name unavailable, enter alternate name adopted topy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.	maging members adopting the al	ousiness in Florida and attach				
<ol> <li>If amending the registered agent and/or register egistered agent and/or the new registered office a</li> </ol>	ed officer address on our records ddress here:	s. enter the name of the new				
Name of New Registered Agent:						
New Registered Office Address:	Enter Floride	a Straet Address				
	City	, Florida Zip Code				
New Registered Agent's Signature, if changing Re						

liability company has been notified in writing of this change.

tle/ Capa	city Name	<u>Address</u>	Type of Actio
IBR	TLV RE SS II Jacksonville II Holding, LLC	1600 E 8th Ave Suite A132-C	<b>=</b> Add
		Tampa, FL 33605	□Remo
R 	Luke A. Thomas	1600 E 8th Ave Suite A132-C	<b>=</b> Add
		Tampa, FL 33605	□Remo
		···-	□Add
			□Remo
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Rem
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
aforeme	d is a certificate, if required: no more than 90 entioned amendment(s), duly authenticated by tion under the law of which this entity is orga	the official having custody of records in t	□Remo

Filing Fee: \$25.00