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	PICK UP:	BROOK 5/23
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	FOREIGN LLC AMEND
1.	OAK PARK TITUSVILL	MCH, LLC
2.		
3.	(CORPORATE NAME AND DOCUMEN	Ϋ́Γ #)
	(CORPORATE NAME AND DOCUMEN	CΓ #)
4.	(CORPORATE NAME AND DOCUMEN	· (
5.	(CORPORATE NAME AND DOCUMEN	ζΥ˙#)
6.		
SPECIAI	(CORPORATE NAME AND DOCUMEN LINSTRUCTIONS:	

COVER LETTER

TO:	-		Section Corporations			
SUBJE	ECT:	OAK P	ARK TITUSVILLE MHC, L	LC		
	_		Name of Forei	gn Limited I	iability Co	mpany
Dear S	ir or M	adam:				
The en	closed	applica	ation, certificate and fee(s) are submitt	ed for filing	<u>,</u>
Please	return	all cort	espondence concerning th	nis matter to	the following	ng:
D. SCC	TT BA	KER, E	SQ.			
- -	•		Name of Person			
ZIMME	ERMAN	. KISE	R & SUTCLIFFE, P.A.			
	-		Firm/Company			
315 E R	ROBINS	ON ST	STE 600			
			Address			
ORLA	NDO, FI	L 32801				
			City/State and Zip Coo	le		
REGIS	TERED	AGENT	@ZKSRASERVICES.COM			
E-m	ail add	ress: (t	o be used for future annua	l report noti	fication)	
For fur	ther in	formati	on concerning this matter	, please call:		
Jessica	Snyder.	Corpor	ate Paralegal	407 at (425-70	010
		Nam	e of Person	_ `	ode & Dayt	ime Telephone Number
	Regis Divis P.O. I	ion of 3ox 63	Section Corporations		Divisio The Ce 2415 N	ddress: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
_			a check for the following	-		_
■ \$25	Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Fill Certific	ing Fee & ed 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 appear	s on the records of the Florida Departme	ent of
State: OAK PARK TITUSVILLE MHC, LLC		
Enter new principal office address, if applicable:	N/A	
(<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)	N/A	SECRE
2. The Florida document number of this limited lia		ASSEE, H
3. Jurisdiction of its organization: DELAWARE	·	
4. Date authorized to do business in Florida: $\frac{04/06}{2}$	8/2024	57 E
SECTION II (5-9 complete only the applicable of		
5. New name of the limited liability company: Now must must must	/A t contain "Limited Liability Company,"	```L.L.C.,`` or ``LLC.``)
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate r	in Florida and attach a name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac		the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida Street	Address
		orida Zip Code
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change liability company has been notified in writing of th	rgistered Agent; nt and agree to act in this capacity. I fur and complete performance of my duties ered agent as provided for in Chapter 6 in the registered office address. I hereb	ther agree to comply with and I am familiar with 05, F.S. Or, if this

If the amend	ment changes person, title or capacity in acco	ordance with 605.0902 (1)(e), indicate that of	change:
itle/ Capacity	<u>Name</u>	Address	Гуре of <u>Action</u>
1GR	GMF SIDE CAR HOLDINGS II, LLC	315 E Robinson St, Ste 600	□Add
		Orlando, Florida 32801	≣Remo
1GR	GMF GROUP FUND II HOLDINGS, LLC	315 E Robinson St. Ste 600	SF Co.
		Orlando, Florida 32801	AY 24 CM
<u>.</u>		FL	7 ⊟Add
			□Remo
			□Add
			□Remo
			□Add
aforemention	a certificate, if required: no more than 90 day ned amendment(s), duly authenticated by the under the law of which this entity is organize	e official having custody of records in the	□Remo
	D. Sedts B	be-	
	Signature of the	authorized representative	

Filing Fee: \$25.00