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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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FILED
 2024 FEB 16 AM 11:41
 SECRETARY OF STATE
 TALLAHASSEE, FL

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 HUDSON HOMES MANAGEMENT LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

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: HUDSON HOMES MANAGEMENT LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

4849 Greenville Avenue, Suite 500

Dallas, TX 75206

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

4849 Greenville Avenue, Suite 500

Dallas, TX 75206

2. The Florida document number of this limited liability company is: MI18000005269

3. Jurisdiction of its organization: TN

4. Date authorized to do business in Florida: 06/04/2018

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

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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:

Manager addresses have changed - See attached

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <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.

/s/Alana Stelton-Swan
Signature of the authorized representative

Alana Stelton-Swan

Typed or printed name of signee

Filing Fee: \$25.00

Attachment

Please REMOVE the following:

Manager Raymond P Templet 2711 N. HASKELL AVE., STE 1800 DALLAS, TX 75204

Manager Lisa Robinson 2711 N. HASKELL AVE., STE 1800 DALLAS, TX 75204

Manager Gil Irani 2711 N. HASKELL AVE., STE 1800 DALLAS, TX 75204

Manager Katie Guillen 2711 N. HASKELL AVE., STE 1800 DALLAS, TX 75204

Manager Sarah E. York 2711 N. HASKELL AVE., STE 1800 DALLAS, TX 75204

Vice President Teresa Taylor 2711 N. HASKELL AVE., STE 1800 DALLAS, TX 75204

Manager Nicholas D.H. Beevers 2711 N. HASKELL AVE., STE 1800 DALLAS, TX 75204

Vice President Matt Moran 2711 N. HASKELL AVE., STE 1800 DALLAS, TX 75204

Please ADD the following Managers:

Manager Raymond P Templet 4849 Greenville Avenue, Suite 500, Dallas, TX 75206

Manager Lisa Robinson 4849 Greenville Avenue, Suite 500, Dallas, TX 75206

Manager Gil Irani 4849 Greenville Avenue, Suite 500, Dallas, TX 75206

Manager Katie Guillen 4849 Greenville Avenue, Suite 500, Dallas, TX 75206

Manager Sarah E. York 4849 Greenville Avenue, Suite 500, Dallas, TX 75206

Vice President Teresa Taylor 4849 Greenville Avenue, Suite 500, Dallas, TX 75206

Manager Nicholas D.H. Beevers 4849 Greenville Avenue, Suite 500, Dallas, TX 75206