M21000015818

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	wait	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions t	to Filing Officer:	
1	_	





600394571756

CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 950438 7175508
AUTHORIZATION: Spelle so
COST LIMIT : \$ 25.00
ORDER DATE : September 12, 2022
ORDER TIME : 8:52 AM
ORDER NO. : 950438-015
CUSTOMER NO: 7175508
FOREIGN FILINGS
NAME: WEST END PHASE II (FORT MYERS) OWNER, LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT:	WEST END PHAS	SE II (FOR I MIT	ERS) UV	VINER, LLC
	Name of Foreign Limited Liability Company			
Dear Sir or Madam:				
The enclosed applic	ation, certificate and fee(s)	are submitted	for filing	<u>,</u>
Please return all cor	respondence concerning th	is matter to the	e followir	ng:
	Jennifer Cohen			
	Name of Person		_	
L	evenfeld Pearlstein, LLC			
	Firm/Company			
2 N.	LaSalle Street, Suite 1300			
	Address		_	
C	hicago, Illinois 60602			
	City/State and Zip Cod	e		
lp	pagents@lplegal.com			
E-mail address: (to be used for future annua	l report notific	ation)	
For further information	tion concerning this matter,	, please call:		
Jen	nifer Cohen	312)	346-8380
Nan	ne of Person		le & Dayt	time Telephone Number
Mailing Add Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327		Division The Ce 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
Enclosed is □S25 Filing Fee CR2E055 (9/15)	a check for the following ☐ \$30 Filing Fee & Certificate of Status	amount: S55 Filing Certified	==""	□ \$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)

State: WEST END PHASE II (FORT MYERS) 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)	SEP 16 AM SET OF THE PROPERTY
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	EP 16 AT S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AN S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Service Servic
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ي
(Mailing address MAY BE A POST OFFICE BOX)	
MAY BE A POST OFFICE BOX)	<u> </u>
	
2. The Florida document number of this limited liability company is: M21000015818	
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: November 23, 2021	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: FLATS AT CITY WALK OWNER, LLC (must contain "Limited Liability Company," "L.L.C.,"	
(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 copy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	and attach a alternate name
6. If amending the registered agent and/or registered officer address on our records, enter the name or registered agent and/or the new registered office address here:	of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida Street Address	
, Florida	- C - J -
City Ziq	p Coae
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	e to commb with
the provisions of all statutes relative to the proper and complete performance of my duties, and I am and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. ()	familiar with

		in accordance with 605.0902 (1)(e), indicate that (Indige.
Title/ Capacity MBR	<u>Name</u> APEXONE WEST END PHASE II, LLC	Address	Type of Action □Add
		· · · · · · · · · · · · · · · · · · ·	-
MBR	WEST END FIRST STREET (FORT MYERS), LLC	2603 Augusta Drive, Suite 700	Remove 2002 Add SI
		Houston, Texas 77057	P 16 Remove
			• ∆qq Q • □Vqq Q
			□Remove
·	-		□Add
			□Remove
			□Add
aforemention	under the law of which this entity is c	d by the official having custody of records in the	⊡Remove

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "WEST END PHASE II

(FORT MYERS) OWNER, LLC", FILED A CERTIFICATE OF AMENDMENT,

CHANGING ITS NAME TO "FLATS AT CITY WALK OWNER, LLC" ON THE

TWELFTH DAY OF SEPTEMBER, A.D. 2022, AT 6:36 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLATS AT CITY WALK OWNER, LLC" WAS FORMED ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2021.



Jeffrey W. Bullock, Secretary of State