

M23 000012584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

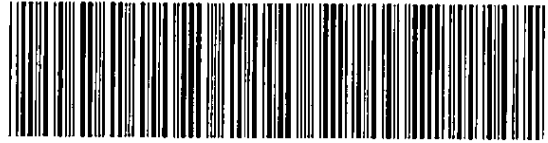
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 FEB 27 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R. HUNT  
02/27/24

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 02/27/2024

Acc#120160000072

*W: c [Signature]*

Name:	SCC ESTERO CROSSING FL LLC
Document #:	
Order #:	15402503 - 35

Certified Copy of Arts & Amend:	<input type="checkbox"/>	FEB 27 AM 11:42 STATE TALLHASSEE, FL	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ **55.00**

Thank you!

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCC Estero Crossing FL 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:

Courtney Hall  
 \_\_\_\_\_  
 Name of Person

Jones Day  
 \_\_\_\_\_  
 Firm/Company

901 Lakeside Ave.  
 \_\_\_\_\_  
 Address

Cleveland, Ohio 44114  
 \_\_\_\_\_  
 City/State and Zip Code

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 DIVISION OF STATE  
 CORPORATIONS  
 TALLHASSEE, FL  
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echallenge@jonesday.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Hall \_\_\_\_\_ at ( 216 ) 586-1205  
 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

The future effective date is February 28, 2024

## 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: SCC Estero Crossing FL 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: M23000012584

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 29, 2023

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## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CL Estero Crossing FL LLC  
(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:

\_\_\_\_\_

<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
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

DEPARTMENT OF STATE  
 TALLAHASSEE, FL  
 APR 27 AM 11:42  
 FILED

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.

Michael S. Owendoff  
 0718425CADF3447... Signature of the authorized representative

Michael S. Owendoff  
 \_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "SCC ESTERO CROSSING FL LLC", CHANGING ITS NAME FROM "SCC ESTERO CROSSING FL LLC" TO "CL ESTERO CROSSING FL LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2024, AT 7:14 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2024.

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SECRETARY OF STATE  
HASSEY, FL  
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Jeffrey W. Bullock, Secretary of State

6766378 8100  
SR# 20240665450

Authentication: 202889229  
Date: 02-26-24

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is SCC Estero Crossing FL LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

**First:** The name of the limited liability company (the "Company") is CL Estero Crossing FL LLC.

3. This Certificate of Amendment of Certificate of Formation shall be effective on February 28, 2024.

STATE OF DELAWARE  
DEPARTMENT OF REVENUE  
TAX SERVICES  
HARRISBURG, PA  
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ED

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Certificate of Formation on February 23, 2024.

DocuSigned by:  
By: Michael S. Owendoff  
0716425CADF3447  
Authorized Person

Name: Michael S. Owendoff  
Print or Type