

MIS 00000 7585

11/7/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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 : (954)208-0845

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 NOV - 1 AM 9:27

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RAM COLUMBIA DORAL LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

T. CLINE  
NOV - 2 2018  
EXAMINER

2018 NOV - 1 PM 1:41:01

### 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: Ran Columbia Dorn LLC

State: Ran Columbia Dorn 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: M:5000007585

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 23, 2015

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

5. New name of the limited liability company: Columbia Mirador 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 office 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

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

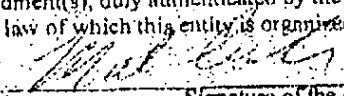
2018 NOV 1 AM 9:21  
DEPARTMENT OF TREASURY  
TALLAHASSEE, FLORIDA  
FILED

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:

Title/Capacity	Name	Address	Type of Action
Member	Columbia Doral Trensai Park I.L.C.	125 High Street, 27th Fl., High Street Tower	<input type="checkbox"/> Add
		Boston, MA 02110	<input checked="" type="checkbox"/> Remove
Member	Windsor Columbia Realty Fund I.L.C.	125 High Street, 27th Fl., High Street Tower	<input checked="" type="checkbox"/> Add
		Boston, MA 02110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" 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.

  
Signature of the authorized representative

Mark Conopka, Vice President

Typed or printed name of signer

Filing Fee: \$25.00

FILED  
2018 NOV - 1 AM 9:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

# 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 "RAM COLUMBIA DORAL LLC", CHANGING ITS NAME FROM "RAM COLUMBIA DORAL LLC" TO "COLUMBIA MIRADOR LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF OCTOBER, A.D. 2018, AT 12:39 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

5809927 8100  
SR# 20187390340

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

Authentication: 203716160  
Date: 10-31-18

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:39 PM 10/30/2018  
FILED 12:39 PM 10/30/2018  
SR 20187390340 - File Number 5809927

### STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Ram Columbia Doral LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the Limited Liability Company is Columbia Mirador LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 30th day of October, A.D., 2018

By: *Mark Conopka*  
Authorized Person(s)

Name: Mark Conopka, Vice President

Print or Type