

MIS 000010398  
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 : (954) 208-0845  
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  
2201 N. MIAMI AVE OWNER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 MAR 24 PM 2:37

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# 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: 2201 N. Miami Ave Owner, LLC

Enter new principal office address, if applicable: 3953 Maple Avenue, Suite 300

(Principal office address

MUST BE A STREET ADDRESS)

Dallas, Texas 75219

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3953 Maple Avenue, Suite 300

Dallas, Texas 75219

2. The Florida document number of this limited liability company is: M18000010398

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 20, 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida 33324

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.*

*Sandra Zwijack*

Sandra Zwijack, Assistant Secretary

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	2201 N. Miami Ave Holdings, LLC	4700 Wilshire Blvd, Los Angeles, CA 90010	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
AR	Ron J. Hoyl	3953 Maple Avenue, Suite 300 Dallas, Texas 75219	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AR	Spencer Raymond	500 Boylston Street, 21st Floor Boston, MA 02116	<input checked="" 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.

Signature of the authorized representative

Ron J. Hoyl, Authorized Person

Typed or printed name of signer

Filing Fee: \$25.00