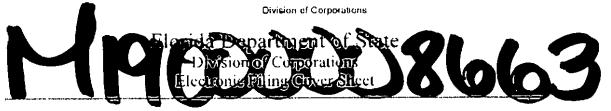
8/25/2019



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:_____

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SEP 27 2019

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 L	Department of
State: AM Owner VII, L.L.C.	• — /	
Enter new principal office address, if applicable:		
(<u>Principal office address</u> 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 liab	oility company is: M19000008	663
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Plorida: 9-3-19)	the second section of the second section is a second section of the second section of the second section of the
SECTION II (5-9 complete only the applicable cl	hanges)	
New name of the limited liability company:	contain "Limited Liability Co	inpany, ""L.L.C.," or "LLC.")
(If name unavailable, enter afternate name adopted copy of the written consent of the managers or manmost contain "Limited Liability Company," "L.L.C.	aging members adopting the a	business in Florida and attach a Itemate name. The alternate nam
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad-	l officer address on our record dress here:	s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la Sircei Address
·		, Florida Zip Code
	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 filled 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.

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
Member	WFC Ashford Mills Owner VII, L.L.C.	900 N. Michigan Ave., Ste. 1900	Add
		Chicago, II. 60611	⊠ Remov
Member	WFC Ashferd Mills Holdings JV VII, L.L.C.	900 N. Michigan Ave., Src. 1900	<u>∭</u> Add
	Chicago, II. 60611	Remov	
			A'dd
			Remov
			Add
			Remove
			Add
aforementic	a certificate, if required: no more than 90 coned amendment(s), duly authenticated by tunder the law of which this entity is organ	he official having custody of records in th	Remov