m21000006118

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

4200 CYPRESS OWNER II LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

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: 4200 Cypress Owner II 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) _____

_____

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2021 JUN -2 AM 8:50
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M21000006118

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 19, 2021

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

5. New name of the limited liability company: 4000 North 56th Owner 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:

_____

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐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.

/s/Neil Simon
_____
Signature of the authorized representative

Neil Simon
_____
Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

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 "4200 CYPRESS OWNER II LLC", CHANGING ITS NAME FROM "4200 CYPRESS OWNER II LLC" TO "4000 NORTH 56TH OWNER LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF JUNE, A.D. 2021, AT 9:46 O'CLOCK A.M.

FILED
2021 JUN -2 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jeffrey W. Bullock, Secretary of State

5908064 8100
SR# 20212322466

Authentication: 203347538
Date: 06-02-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: 4200 Cypress Owner II LLC

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

The name of this company is 4000 North 56th Owner LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 2nd day of June, A.D. 2021.

By: /s/Neil Simon
Authorized Person(s)

Name: Neil Simon
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:46 AM 06/02/2021
FILED 09:46 AM 06/02/2021
SR 20212322466 - File Number 5908064