

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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
Fax Number : (561)214-8442

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
4200 CYPRESS OWNER II LLC

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

RECEIVED

2021 JUN -2 PM 4:52

OFFICE OF THE
CLERK OF THE
SUPREME COURT

OFFICE OF THE
CLERK OF THE
SUPREME COURT

2021 JUN -2 AM 8:50

FILED

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)

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ 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

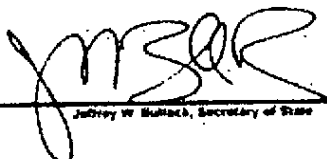
The First State

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 "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
DALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5908064 8100
SR# 20212322466

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

Authentication: 203347538
Date: 06-02-21

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