# m23000009105

<del></del>	(Requestor's Name)			
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PICK-UP	WAIT	MAIL MAIL		
	(Business Entity Name)	_		
(Document Number)				
Certified Copies	Certificates of S	Status		
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Special Instructions to Filing Officer:				
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Office Use Only



000412854460

W/C Amend



A. RAMSEY

JUL 2 E 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 904341 4816118
AUTHORIZATION: The Belle man
COST LIMIT : \$ 25.00
ORDER DATE : July 26, 2023
ORDER TIME : 8:22 AM
ORDER NO. : 904341-015
CUSTOMER NO: 4816118
*
FOREIGN FILINGS
NAME: ICEMAN OP ACQUIRER, LLC
CORPORATE LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson EXT#

EXAMINER:

#### COVER LETTER

Registration Section Division of Corporations Iceman OP Acquirer, LLC SUBJECT: Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Leyla Gungor Name of Person Hogan Lovells US LLP Firm/Company 555 13th St NW Address Washington, DC 20004 City/State and Zip Code Leyla.Gungor@hoganlovells.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leyla Gungor Name of Person Area Code & Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □\$25 Filing Fee ☐ \$30 Filing Fee & ☐ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

TO:

### 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	2
State: Iceman OP Acquirer, LLC	2
Enter new principal office address, if applicable:	2
(Principal office address MUST BE A STREET ADDRESS)	- 100 P
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: M23000009105	
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: July 14, 2023	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company:  Sereno OP Acquirer, 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 Floric copy of the written consent of the managers or managing members adopting the alternate name. The must contain "Limited Liability Company," "L.L.C." or "LLC.")	la and attach a ne alternate name
<ol> <li>If amending the registered agent and/or registered officer address on our records, enter the name registered agent and/or the new registered office address here;</li> </ol>	of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida Street Address	<del></del>
Florida	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 the provisions of all statutes relative to the proper and complete performance of my duties, and I among all accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. address, I hereby confirm	ee to comply with m familiar with Or, if this

itle/ Capacity	<u>Name</u>	Address	Type of Action
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aforementioned ame	cate, if required: no more than 90 da endment(s), duly authenticated by the ne law of which this entity is organiz	ne official having custody of records in th	□Remo e
			ਦੇ

Filing Fee: \$25.00

Page 1

## 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 "ICEMAN OP ACQUIRER,
LLC", CHANGING ITS NAME FROM "ICEMAN OP ACQUIRER, LLC" TO
"SERENO OP ACQUIRER, LLC", FILED IN THIS OFFICE ON THE TWENTYSIXTH DAY OF JULY, A.D. 2023, AT 3:12 O'CLOCK P.M.



Authentication: 203834603

Date: 07-26-23

7476572 8100 SR# 20233090242

State of Delaware Secretary of State Division of Corporations Delivered 03:12 PM 07/26/2023 FILED 03:12 PM 07/26/2023 SR 20233090242 - File Number 7476572

#### CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION OF ICEMAN OP ACQUIRER, LLC

Iceman OP Acquirer, LLC (the "Company"), a limited liability company organized and existing under and by virtue of the Delaware Limited Liability Company Act, does hereby certify as follows:

FIRST: The name of the limited liability company is ICEMAN OP ACQUIRER, LLC.

**SECOND**: Article 1 of the Company's certificate of formation (the "Certificate of Formation") is hereby amended and restated in its entirety to read as follows:

"FIRST: The name of the limited liability company formed hereby is "Sereno OP Acquirer, LLC".

**THIRD**: This amendment to the Certificate of Formation shall be effective upon filing of this Certificate of Amendment with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment this July 25, 2023.

By: Kevin Polusta

Name: Kevin Rohnstock

Title: Vice President and Secretary