

M2200000S283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

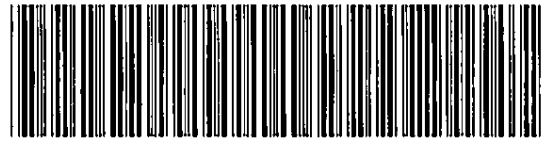
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

JUL 20 2022

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2022 JUL 25 AM 10:27  
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SECRETARY OF STATE  
TALLAHASSEE, FL

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 07/25/2022

Acc#120160000072

*W: C DW*

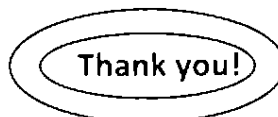
|             |                        |
|-------------|------------------------|
| Name:       | 1201 Brickell Bay, LLC |
| Document #: |                        |
| Order #:    | 14455018               |

|                                   |                          |  |                         |  |
|-----------------------------------|--------------------------|--|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |  |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |  |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |  |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |  |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> |  | Country of Destination: |  |
|                                   |                          |  | Number of Certs:        |  |

|   |  |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/>        |
|   | Plain: <input checked="" type="checkbox"/> |
|   | COGS: <input type="checkbox"/>             |

|                     |
|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

|            |       |
|------------|-------|
| Amount: \$ | 25.00 |
|------------|-------|



**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**FILED**

JUL 25 PM 0:10

SECRETARY OF STATE  
TALLAHASSEE, FL

**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:

State: 1201 Brickell Bay, LLC

Enter new principal office address, if applicable:

Southeast Financial Center, 200 S. Biscayne Blvd.

Suite 3300, Miami, FL 33131

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Southeast Financial Center, 200 S. Biscayne Blvd.

Suite 3300, Miami, FL 33131

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000005283

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/7/2022

**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: \_\_\_\_\_

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>                      |
|------------------------|---------------------------|--|--|
| Authorized Person      | Randall Davis             | 17 E. Monroe Street, PO Box #205<br>Chicago, IL 60603                              | <input type="checkbox"/> Add               |
|                        |                           |  | <input checked="" type="checkbox"/> Remove |
| Authorized Person      | Gerald Beeson             | Southeast Financial Center, 200 S. Biscayne Blvd.<br>Suite 3300<br>Miami, FL 33131 | <input checked="" type="checkbox"/> Add    |
|                        |                           |  | <input type="checkbox"/> Remove            |
| Member                 | 1201 BB Holdings LLC      | 17 E. Monroe Street, PO Box #205<br>Chicago, IL 60603                              | <input type="checkbox"/> Add               |
|                        |                           |  | <input checked="" type="checkbox"/> Remove |
| Member                 | Brickell Bay Holdings LLC | Southeast Financial Center, 200 S. Biscayne Blvd.<br>Suite 3300<br>Miami, FL 33131 | <input checked="" 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.

/s/ Gerald Beeson

Signature of the authorized representative

Gerald Beeson

Typed or printed name of signee