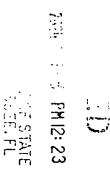
B15000000284

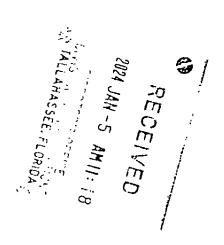
(Requestor's Name)					
	(Address)				
`	, (100,033)				
((Address)				
	City/State/Zip/Phone #)	·			
	,				
PICK-UP	MAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of 8	Status			
 		 1			
Special Instructions to f	Filing Officer:				

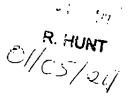
Office Use Only



500421305135







CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 248791, 7288091

AUTHORIZATION : The Man

COST LIMIT : \$ 52.50

ORDER DATE: January 4, 2024

ORDER TIME : 10:12 AM

ORDER NO. : 248791-025

CUSTOMER NO: 7288091

FOREIGN FILINGS

NAME: 701-703 WATERFORD OPERATING LP

CORPORATE

LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

COVER LETTER

	tion Section of Corporations	
	·	
SUBJECT:	701-703 Waterford Opera	ating LP
	Name of Foreign Limited I	Partnership or Limited Liability Limited Partnership
The enclosed an	nendment and fee(s) are su	submitted for filing.
Please return all	correspondence concerning	ing this matter to:
Donna	Cohen	
	Contact Person	
		(~3)
	Firm/Company	
	, and sompany	***
730 T	hird Avenue	i di
	Address	(7) C. (7) (7) (7) (7) (7) (7) (7)
New '	York, NY 10017	PHI2: 2
	City, State and Zip Code	
subsidiarvi	egulatoryreportingteam@tiaa.o	or <u>a</u>
E-mail addres	s: (to be used for future annual	Treport notification)
For further infor	mation concerning this ma	natter, please call:
Name o	of Contact Person	at () Area Code Daytime Telephone Number
17	and Country Colleges	
igneiosed is a en	eck for the following amo	Junt:
\$52.50 Filing F	ee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing	Address:	Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership or limite Florida Department of State is: 701-703 Waterford Operation		pears on the records of
2. Document Number of Foreign Limited Part B15000000284	nership or Limited Liability Limited Par	tnership:
2. The jurisdiction of its formation is: <u>Delawa</u>	re	15 (3) (3)
3. The date the entity was authorized to transa	et business in Florida is: October 21, 20	<u>15 j. j.</u>
4. If the amendment changes the name of the the new name:		mited partnership. 24ter
		<u> </u>
Acceptable Limited Partnership suffixes: Limited Par Acceptable Limited Liability Limited Partnership suff	ixes: Limited Liability Limited Partnership, L.	
(If name unavailable in Florida, enter alternate Florida.)	e name adopted for the purpose of transa	cting business in
If the amendment changes the general particle. Name:	ner(s), list the name and business address <u>Business Address:</u>	s of each general partner:
Charles Russo	701 Brickell Avenue	
	Miami, FL 33131	☐Remove ☐Change
		☐Add ☐Remove ☐Change
		Add Remove Change
		Add Remove Change
		AddRemoveChange
		Add Remove Change

6. If the amendment changes the jur	risdiction of organiza	ation, indicate new jurisdiction	on:
7. If the amendment corrects any fa corrected and the correction:	lse statement listed i	n the application, indicate th	e statement being
8. If the amendment is to add or del the appropriate box:	ete an election to be	a limited liability limited par	rtnership statement, check
The entity elects to	be a limited liability	limited partnership.	
The entity is no lon	ger a limited liabilit	y limited partnership.	
9. Attached is an original certificate amendment(s), duly authenticated by which this entity is organized.			
10. Effective date, if other than the (If an effective date is listed, the date days after filing.) Note: If the date inserted in this ble will not be listed as the document's	ock does not meet t	he applicable statutory filin	g requirements, this date
Signature of a general partner:	-		
Typed or printed name: Donna Cohen			2002
Filing Fee: Certified Copy (optional): Certificate of Status (optional): \$8	\$52.50 \$52.50 5.75		