

B15 000 000 284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

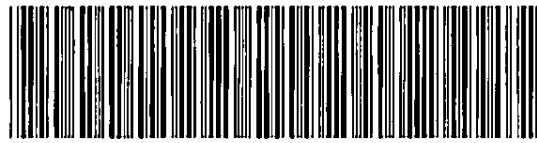
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500421305135

2024 JAN -5 PM 12:23  
STATE  
TALLAHASSEE, FL

RECEIVED  
2024 JAN -5 AM 11:18  
TALLAHASSEE, FLORIDA

R. HUNT  
01/05/24

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 248791 7288091  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 52.50

ORDER DATE : January 4, 2024  
ORDER TIME : 10:12 AM  
ORDER NO. : 248791-025  
CUSTOMER NO: 7288091

STATE OF FLORIDA  
TALLAHASSEE, FL  
JAN 04 2024 PM 12:23  
D

FOREIGN FILINGS

NAME: 701-703 WATERFORD OPERATING LP

       CORPORATE  
XX        LIMITED PARTNERSHIP  
       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**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 701-703 Waterford Operating LP  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Donna Cohen  
Contact Person

TIAA  
Firm/Company

730 Third Avenue  
Address

New York, NY 10017  
City, State and Zip Code

subsidiaryregulatoryreportingteam@tiaa.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
Name of Contact Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2008 JUN 11 5 12 PM  
 STATE  
 TALLAHASSEE, FL  
 10

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

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

701-703 Waterford Operating LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: \_\_\_\_\_

B15000000284

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: October 21, 2015

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name: \_\_\_\_\_

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>	
<u>Charles Russo</u>	<u>701 Brickell Avenue</u>	<input checked="" type="checkbox"/> Add
		<input type="checkbox"/> Remove
	<u>Miami, FL 33131</u>	<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
_____	_____	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change

2024 OCT 25 PM 12:23  
 STATE  
 DEPARTMENT OF REVENUE

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

Donna Cohen

Typed or printed name:

Donna Cohen

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

2020-04-15 PM 12:23  
DEPT OF STATE  
TALLAHASSEE, FL  
ED