B150000000384

	(O
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(only orders sign from wy
PICK-UF	WAIT MAIL
L PICK-OF	, WAIT MAIL
	(Business Entity Name)
	(Document Number)
	(Bossine Hamber)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
ľ	

Office Use Only



600438829546

L.P Amend



A. RAMSEY OCT 31.2024



CSC - Tallahassee CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 10/30/24 Order #: 1665724-3

Re: 701-703 Waterford Operating LP

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$52.50 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registi Divisio		Section orporations			
SHRI	ECT:	701-70	3 Waterford Operating	LP		
SODJ.	ECT	N	ame of Foreign Limited P	artnership or Limite	d Liabil:	ity Limited Partnership
The er	iclosed a	amendi	nent and fee(s) are su	bmitted for filing	<u>)</u> .	
Please	return a	ill corre	espondence concernin	ig this matter to:		
Donna	Cohen					
		_	Contact Person		_	
TIAA						
*			Firm/Company		_	
730 Th	nird Aven	iue				
			Address		_	
New Y	ork, NY	10017			_	
		C	ity, State and Zip Code			
subsid	iaryregul	latoryre	oortingteam@tiaa.org			
E-	-mail addı	ress: (to	be used for future annual	report notification)	_	
For fu	rther inf	ormati	on concerning this ma	itter, please call:		
			tact Person	_at (_)	ytime Telephone Number
	Name	e of Con	tact Person	Area Code	Da	lytime Telephone Number
Enclos	sed is a o	check f	or the following amou	unt:		
\$52	2.50 Filing	g Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filir and Certified Cop		S113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:				Address:		
Registration Section			Registration Section			
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					on of Corporations entre of Tallahassee	
					N. Monroe Street, Suite 810	
						assee, FL 32303

FILED

AMENDMENT TO CERTIFICATE OF AUTHORITY 30 PM 2 09 FOR FOREIGN LIMITED PARTNERSHIP OR ELICITARY OF STATE LIMITED LIABILITY LIMITED PARTNERSHIP PARTNERSHIP (PASSEE) FOR 1997

1. The name of the limited partnership or lithe Florida Department of State is:	limited liability limited partnership as it appears	on the records of
	3 Waterford Operating LP	·
2. Document Number of Foreign Limited F B15000000284	Partnership or Limited Liability Limited Partners	hip: _
2. The jurisdiction of its formation is: Del	aware	
3. The date the entity was authorized to tra	ansact business in Florida is: 10/21/2015	
4. If the amendment changes the name of the new name:	the limited partnership or limited liability limited	l partnership, enter
Acceptable Limited Partnership suffixes: Limited Acceptable Limited Liability Limited Partnership	Partnership, Limited, L.P., LP, or Ltd. suffixes: Limited Liability Limited Partnership, L.L.L.P.	or LLLP.
(If name unavailable in Florida, enter altern Florida.)	nate name adopted for the purpose of transacting	business in
5. If the amendment changes the general pane:	eartner(s), list the name and business address of eartner(s). Business Address:	each general partner:
Charles Russo	801 Brickell Avenue, Suite 2310	Add
	Miami, FL 33131	Remove EChange
Brenda Wilson	8625 Andrew Carnegie Blvd., 2nd Flo	or Add
	Charlotte, NC 28262	☐Remove ☐Change
John Cornuke	4675 MacArthur Court, 11th Floor	Add
	Newport Beach, CA 99133	□Remove □□Change
Alexander Hancock	730 Third Avenue	Add
	New York, NY 10017	■Remove —Change
Brad Simpkins	730 Third Avenue	∏Add
	New York, NY 10017	Remove Change
	 	Add
		☐Remove ☐Change

6. If the amend	lment changes the jurisdic	ction of organiza	tion, indicate new jurisdiction:	
7. If the amend corrected and the		tatement listed in	n the application, indicate the statement being	
8. If the amend the appropriate		n election to be a	a limited liability limited partnership statemen	t, check
	The entity elects to be a	limited liability	limited partnership.	
	The entity is no longer:	a limited liability	limited partnership.	
	duly authenticated by the		ys olds, evidencing the aforementioned custody of records in the jurisdiction under the	: law of
10. Effective d	ate, if other than the date	of filing:	optiona (optiona) (optiona	ıl)
(If an effective days after filing	date is listed, the date mu v.)	st be specific and	d cannot be prior to date of filing or more than	1 90
Note: If the da	te inserted in this block		ne applicable statutory filing requirements, the Department of State's records.	his date
Signature of a s	general partner:	_		
Typed or printe	ed name:			
Donna Cohen			_	
Filing Fee: Certified Copy Certificate of	v (optional): Status (optional): \$8.75	\$52.50 \$52.50	AMEND-19523	

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "701 WATERFORD

OPERATING LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS

NAME TO "701-703 WATERFORD OPERATING LP" ON THE SECOND DAY OF

NOVEMBER, A.D. 2015, AT 4:41 O'CLOCK P.M.



Authentication: 204751313

Date: 10-29-24

5845647 8320 SR# 20244076595