## B150000000384

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (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: |
| J. HORNE<br>JUN 13 ZUZS                 |

Office Use Only



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2025 JUN 12 PH 4: 14





To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 06/12/25 Order #: 3300016-4

Re: 701-703 Waterford Operating LP

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

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:    | Registration :<br>Division of C  |   |                                       |   |
|--------|--|---|---------------------------------------|---|
| SHRI   | 701-76<br>ECT:   | 03 Waterford Operating                      | LP                                    |   |
| SODI   | N  | Name of Foreign Limited P                   | artnership or Limited                 | Liability Limited Partnership   |
| The e  | nclosed amend  | ment and fee(s) are su                      | bmitted for filing.                   |   |
| Please | return all cort  | espondence concernin                        | g this matter to:                     |   |
| Donna  | a Cohen  |   |                                       |   |
|        |  | Contact Person                              |                                       |   |
| TIAA   |  |   |                                       |   |
|        |  | Firm/Company                                | · · · · · · · · · · · · · · · · · · · |   |
| 730 T  | hird Avenue  |   |                                       |   |
|        |  | Address                                     |                                       |   |
| New Y  | ork, NY 10017  |   |                                       |   |
|        | (  | City, State and Zip Code                    |                                       |   |
| subsic | liaryregulatoryre  | eportingteam@tiaa.org                       |                                       |   |
| E      | -mail address: (to   | be used for future annual i                 | report notification)                  |   |
| For fu | rther informati  | ion concerning this ma                      | tter, please call:                    |   |
|        |  |   | at ()                                 | Daytime Telephone Number  |
|        | Name of Cor  | ntact Person                                | Area Code                             | Daytime Telephone Number  |
| Enclo  | sed is a check   | for the following amou                      | ınt:                                  |   |
| S51    | 2.50 Filing Fee  | S61.25 Filing Fee and Certificate of Status | S105.00 Filing and Certified Copy     |   |
|        | Mailing Add<br>Registration<br>Division of C<br>P.O. Box 632<br>Tallahassee, | Section<br>Corporations<br>27               | F<br>13<br>13<br>2                    | Street Address:<br>Registration Section<br>Division of Corporations<br>The Centre of Tallahassee<br>(415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |



Change

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

LIMITED LIABILITY LIMITED PARTNERSHIP

| 1. The name of the limited partnership or limithe Florida Department of State is:                              |   | ppears on the records of     |
|--|---|------------------------------|
| 701-703 W  | aterford Operating LP   | <del></del>                  |
| 2. Document Number of Foreign Limited Parti<br>B15000000284  | nership or Limited Liability Limited P  | artnership: _                |
| 2. The jurisdiction of its formation is: Delawa  | are   |                              |
| 3. The date the entity was authorized to transa  | ct business in Florida is: 10/21/2015   |                              |
| 4. If the amendment changes the name of the the new name:  | limited partnership or limited liability  | limited partnership, enter   |
| Acceptable Limited Partnership suffixes: Limited Par<br>Acceptable Limited Liability Limited Partnership suffi | tnership, Limited, L.P., LP, or Ltd.<br>xes: Limited Liability Limited Partnership, | L.L.L.P. or LLLP.            |
| (If name unavailable in Florida, enter alternate<br>Florida.)  | name adopted for the purpose of tran  | sacting business in          |
| 5. If the amendment changes the general partr Name:  | per(s), list the name and business address:   | ess of each general partner: |
| Francesca Weindling  | 730 Third Avenue  | ■Add                         |
|  | New York, NY 10017  | ☐Remove<br>☐Change           |
| Wayne Agard  | 730 Third Avenue  | ■Add                         |
|  | New York, NY 10017  | ☐Remove<br>☐Change           |
|  |   | Add                          |
|  |   | ☐Remove<br>☐Change           |
|  |   | Add                          |
|  |   | □Remove<br>□Change           |
|  |   | Add                          |
|  |   | Change                       |
|  | · · · · · · · · · · · · · · · · · · ·   | Add                          |

| 6. If the amendment changes the jur  | isdiction of organization, indicate   | new jurisdiction:  |
|--|---------------------------------------|--|
| 7. If the amendment corrects any fal corrected and the correction:   | se statement listed in the applicati  | on, indicate the statement being   |
|  |                                       |  |
|  |                                       | ·  |
| 8. If the amendment is to add or delethe appropriate box:  | ete an election to be a limited liab  | ility limited partnership statement, check   |
| The entity elects to   | be a limited liability limited partn  | ership.  |
| The entity is no lon   | ger a limited liability limited parti | nership.   |
| 9. Attached is an original certificate amendment(s), duly authenticated by which this entity is organized. |                                       | encing the aforementioned cords in the jurisdiction under the law of                         |
| 10. Effective date, if other than the of (If an effective date is listed, the date days after filing.)     |                                       | (optional)  rior to date of filing or more than 90  statutory filing requirements, this date |
| will not be listed as the document's   |                                       |  |
| Signature of a general partner:  |                                       |  |
| Typed or printed name:   |                                       |  |
| Donna Cohen  | <del> </del>                          |  |
| Filing Fee:<br>Certified Copy (optional):<br>Certificate of Status (optional): \$8                         | \$52.50<br>\$52.50<br>.75             |  |