B15000000287

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
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DEPARTMENT OF STATE

ALL AHASSEE, FLORING

AUG 2 9 2016

Y SULKER



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

ACCOUNT NO.: 120000000195

REFERENCE: 267805 7288091

Sanel

AUTHORIZATION,

ORDER DATE: August 25, 2016

ORDER TIME: 10:31 AM

ORDER NO.: 267805-025

CUSTOMER NO: 7288091

FOREIGN FILINGS

NAME: 1000 WATERFORD OPERATING LP

CORPORATE

XX LIMITED PARTNERSHIP

LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

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

1. The name of the limited partnership or little Florida Department of State is: 1000 WATERFORD OPERATING LP	nited liability limited partnership as it	appears on the records of
2. Document Number of Foreign Limited Pa	rtnership or Limited Liability Limited	Partnership: B15000000287
2. The jurisdiction of its formation is: DE	· · · · · · · · · · · · · · · · · · ·	
3. The date the entity was authorized to tran	sact business in Florida is: 10/21/2015	
4. If the amendment changes the name of the new name:	e limited partnership or limited liabilit	y limited partnership, enter
Acceptable Limited Partnership suffixes: Li Acceptable Limited Liability Limited Partne LLLP.		
5. If the amendment changes the general pa Name:	rtner(s), list the name and business add <u>Business Address:</u>	ress of each general partner:
ALEXANDER HANCOCK	730 THIRD AVENUE	■Add
	NEW YORK, NY 10017	Remove Change
BRAD E. SIMPKINS	730 THIRD AVENUE	■Add 5
	NEW YORK, NY 10017	☐Remove ————————————————————————————————————
JOHN GAY	730 THIRD AVENUE	Add S
	NEW YORK, NY 10017	Reinove Change E
		Add —
		Change
		Add Remove
		Change
		Add
		Remove Change

6. If the amend	lment changes the jurisdiction of organization, indicate new jurisdiction:		
7. If the amend corrected and t	Iment corrects any false statement listed in the application, indicate the statement being ne correction:		
8. If the amend the appropriate	ment is to add or delete an election to be 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.		
	an original certificate, no more than 90 days olds, evidencing the aforementioned duly authenticated by the official having custody of records in the jurisdiction under the y is organized.	law of	
10. Effective d (Effective date Department of	ate, if other than the date of filing: cannot be prior to nor more than 90 days after the date this document is filed by the Flo State.)	16 AUG 2	
Signature of a s	eneral partner:	ري . دي	
Mayone	Gur Muid	PH12: 18	,
Marjorie	Pierre-Merritt		
Filing Fee: Certified Copy Certificate of S	S52.50 (optional):		

Experience of the factor of the contraction of the