## B150000000291

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
| (10000)                                 |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
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Office Use Only



000438829430

LP amend



A. RAMSEY OCT 3/ 2004



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 #: 1665724-9

Re: 5201-5301 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:                                    | €.  | ion Section<br>of Corporations                   |                      |   |  |  |  |
|--|---|--|----------------------|---|--|--|--|
| CHRI                                   | 52<br>FCT:  | 201-5301 Waterford Operati                       | ng LP                |   |  |  |  |
| SUDJ                                   | UBJECT:  Name of Foreign Limited Partnership or Limited Liability Limited Partnership |  |                      |   |  |  |  |
| The er                                 | nclosed am  | endment and fec(s) are su                        | ibmitted for filing. |   |  |  |  |
| Please                                 | return all  | correspondence concerni                          | ng this matter to:   |   |  |  |  |
| Donna                                  | Cohen   |  |                      |   |  |  |  |
|  |   | Contact Person                                   |                      |   |  |  |  |
| TIAA                                   |   |  |                      |   |  |  |  |
|  |   | Firm/Company                                     |                      |   |  |  |  |
| 730 TH                                 | nird Avenue   |  |                      |   |  |  |  |
| 44                                     |   | Address  |                      |   |  |  |  |
| New Y                                  | ork, NY 100   | 017  |                      |   |  |  |  |
|  |   | City, State and Zip Code                         |                      |   |  |  |  |
| subsid                                 | liaryregulato   | oryreportingteam@tiaa.org                        |                      |   |  |  |  |
| E-                                     | -mail address   | : (to be used for future annual                  | report notification) |   |  |  |  |
| For fu                                 | rther infori  | nation concerning this m                         | atter, please call:  |   |  |  |  |
|  | Name of   | Contact Person                                   | at ()<br>Area Code   | Daytime Telephone Number  |  |  |  |
| Enclos                                 | sed is a cho  | eck for the following amo                        | ount:                |   |  |  |  |
| S52                                    | 2.50 Filing Fe  | see \$61.25 Filing Fee and Certificate of Status | =                    | E S113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |  |  |  |
| Mailing Address:                       |   |  | eet Address:         |   |  |  |  |
| Registration Section                   |   |  | _                    | istration Section ision of Corporations                               |  |  |  |
| Division of Corporations P.O. Box 6327 |   |  |                      | Centre of Tallahassee   |  |  |  |
|  |   | ee, FL 32314                                     | 241                  | 5 N. Monroe Street, Suite 810 ahassee, FL 32303                       |  |  |  |

FILED

## AMENDMENT TO CERTIFICATE OF AUTHORITM 0CT 30 AM 11: 56

## FOREIGN LIMITED PARTNERSHIP OR SERVING FOREIGN LIMITED LIMITED PARTNERSHIP OF THE PARTNER

| 1. The name of the limited partnership of the Florida Department of State is:                    | or limited liability limited partnership as it appears   | on the records of     |
|--|--|-----------------------|
|  | -5301 Waterford Operating LP   |                       |
| 2. Document Number of Foreign Limited B15000000291   | d Partnership or Limited Liability Limited Partners<br>—   | ship: _               |
| 2. The jurisdiction of its formation is:E  | )elaware   |                       |
| 3. The date the entity was authorized to   | transact business in Florida is: 10/21/2015  | <u> </u>              |
| 4. If the amendment changes the name of the new name:  | of the limited partnership or limited liability limited  | d partnership, enter  |
| Acceptable Limited Partnership suffixes: Limit<br>Acceptable Limited Liability Limited Partnersh | ed Partnership, Limited, L.P., LP, or Ltd.<br>ip suffixes: Limited Liability Limited Partnership, L.L.L.P. | , or LLLP.            |
| (If name unavailable in Florida, enter alt<br>Florida.)  | ernate name adopted for the purpose of transacting   | business in           |
| 5. If the amendment changes the genera Name:   | 1 partner(s), list the name and business address of c<br><u>Business Address:</u>                          | each general partner: |
| Charles Russo  | 801 Brickell Avenue, Suite 2310  | Add                   |
|  | Miami, FL 33131  | □Remove<br>□Change    |
| Brenda Wilson  | 8625 Andrew Carnegie Blvd., 2nd Flo  | oor <b>A</b> dd       |
|  | Charlotte, NC 28262  | ☐Remove<br>☐Change    |
| John Cornuke   | 4675 MacArthur Court, 11th Floor   | ■Add                  |
|  | Newport Beach, CA 99133  | □Remove<br>□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         |

| Filing Fee:<br>Certified Copy (optional):<br>Certificate of Status (optional)    |   | AMEND-19526   |
|--|---|---|
| Donna Cohen  |   | _   |
| Typed or printed name:   |   |   |
| Signature of a general partn   |   | _   |
| Note: If the date inserted i   |   | e applicable statutory filing requirements, this date e Department of State's records.        |
| 10. Effective date, if other (If an effective date is listed days after filing.) | than the date of filing:<br>, the date must be specific and | cannot be prior to date of filing or more than 90   |
|  | icated by the official having co                            | rs olds, evidencing the aforementioned ustody of records in the jurisdiction under the law of |
| ☐ The entity   | is no longer a limited liability                            | limited partnership.  |
| ☐ The entity   | elects to be a limited liability l                          | limited partnership.  |
| 8. If the amendment is to act the appropriate box:                               | dd or delete an election to be a                            | limited liability limited partnership statement, check  |
|  |   |   |
|  |   |   |
|  |   |   |
| 7. If the amendment correct corrected and the correction                         |   | the application, indicate the statement being   |
|  | <u>.,</u>   |   |
| 6. If the amendment change   | es the jurisdiction of organizati                           | ion, indicate new jurisdiction:   |