

B16000000116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

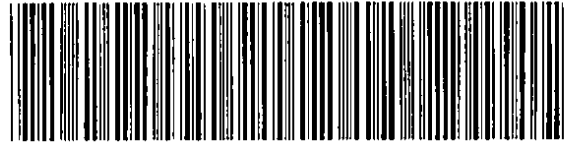
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Armed*

2022 MAY -2 AM 9:26  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

FILED

2022 MAY -2 AM 11:24  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY  
MAY -3 2022

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

ACCOUNT NO. : I20000000195  
REFERENCE : *6509580* *5021613*  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 52.50

-----  
ORDER DATE : April 29, 2022  
ORDER TIME : 10:09 AM  
ORDER NO. : 650958-010  
CUSTOMER NO: 5021613  
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FOREIGN FILINGS

NAME: COCONUT POINT HOLDINGS, 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 -- EXT#

EXAMINER: \_\_\_\_\_

FILED

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

2022 MAY -2 AM 9: 26

OFFICE OF THE CLERK OF THE  
STATE OF FLORIDA

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:

COCONUT POINT HOLDINGS, LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: ,

B16000000116

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: May 31, 2016

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:

Name:

Business Address:

Flagler Capital Advisors LLC

677 Washington Blvd., Suite 500

Add

Remove

Stamford, CT 06901

Change

WREI Advisors LLC

777 West Putnam Avenue, 1st Floor

Add

Remove

Greenwich, CT 06830

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

Add

Remove

Change

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:

Principal Office: 777 West Putnam Avenue, 1st Floor

\_\_\_\_\_

Greenwich, CT 06830

\_\_\_\_\_

Mailing Address: 777 West Putnam Avenue, First Floor

\_\_\_\_\_

Greenwich, CT 06830

\_\_\_\_\_

\_\_\_\_\_

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.

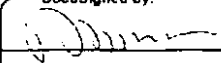
9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

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.

**WREI ADVISORS LLC, its General Partner**

Signature of a general partner:

DocuSigned by:  
  
\_\_\_\_\_

631B46A98CE0499 ..

Typed or printed name:

Arthur Amron, Vice President and Assistant Secretary

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