

B200000000047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

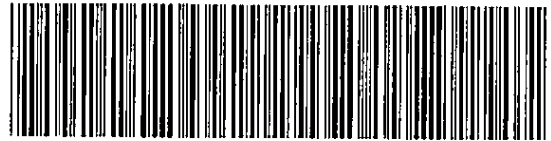
(Document Number)

Certific Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200431018132

RECEIVED  
2024 JUN -5 AM 11:29  
TALLAHASSEE, FLORIDA

FILED  
2024 JUN -5 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 06/05/24

Order #: 1524674-1

Re: GRE Coconut Grove LP

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

\$2.50

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:  
120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH'.

Special Instructions:

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2024

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: GRE COCONUT GROVE LP  
Ref-Number: B20000000047

We have received your document for GRE COCONUT GROVE LP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

#2 on the Amendment instead of listing the document number a name of another LLC is listed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 824A00012258

RECEIVED  
2024 JUN 11 PM 3:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**FILED**  
**2024 JUN -5 AM 9:11**  
SECRETARY OF STATE  
TALLAHASSEE, 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:

GRE COCONUT GROVE LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: \_

B20000000047

2. The jurisdiction of its formation is: DE

3. The date the entity was authorized to transact business in Florida is: 02/28/2020

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:

L3 Grove Manager LLC

1 South Wacker Dr., Ste. 3210

☒ Add

☐ Remove

☐ Change

Chicago, IL 60606

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

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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:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

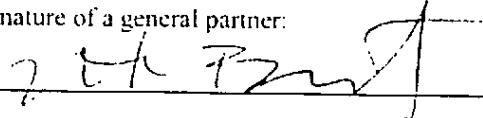
- ☐ The entity elects to be a limited liability limited partnership.
- ☐ The entity is no longer a limited liability limited partnership.

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.

Signature of a general partner:



Typed or printed name:

Keith B. Wright, Chief Financial Officer of General Partner

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

**FILED**  
2024 JUN -5 AM 9:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA