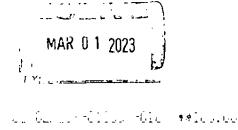
B21000000387

(Requestor's Name)
(Address)
(Address)
, and a second s
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

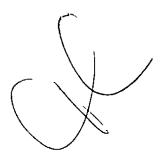
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations JAMESTOWN CCP Outparcel GP, L.P. Name of Foreign Limited Partnership or Limited Liability Limited Partnership The enclosed amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Wendy Chambers Contact Person **JAMESTOWN** Firm/Company Ponce City Market, 675 Ponce de Leon Ave. NE, 7th Floor Address Atlanta, GA 30308 City, State and Zip Code wendy.chambers@jamestownLP.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Wendy Chambers Name of Contact Person Daytime Telephone Number Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee ■ \$105.00 Filing Fee □\$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and Status Certificate of Status

Mailing Address:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR

FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

LIMITED LIABIL	III I LIMITED FARTNERSHIF	. 3
1. The name of the limited partnership or limit the Florida Department of State is: JAMESTOWN CCP Outparcel GP, L.P.	ed liability limited partnership as it appears on	the recorded
2. Document Number of Foreign Limited Partr B21000000387	nership or Limited Liability Limited Partnership	· #1:18
2. The jurisdiction of its formation is: Delaware		7 8
3. The date the entity was authorized to transact	et business in Florida is: 9/1/2021	
4. If the amendment changes the name of the l the new name:	imited partnership or limited liability limited pa	artnership, enter
Acceptable Limited Partnership suffixes: Limited Part Acceptable Limited Liability Limited Partnership suffix	nership, Limited, L.P., LP, or Ltd. ses: Limited Liability Limited Partnership, L.L.L.P. or	LLLP.
(If name unavailable in Florida, enter alternate Florida.)	name adopted for the purpose of transacting bu	siness in
5. If the amendment changes the general partn Name:	er(s), list the name and business address of each <u>Business Address:</u>	ı general partner:
Jamestown Properties, LLC	Ponce City Market	∏Add
vii 23 -3615	675 Ponce de Leon Ave. NE, 7th	☐Remove ■Change
	Atlanta, GA 30308	∐Add
		□Remove □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:
7023
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:
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:
Matt Bronfman, Authorized Signatory of Jamestown
Properties, LLC
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75