

# L19000116460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

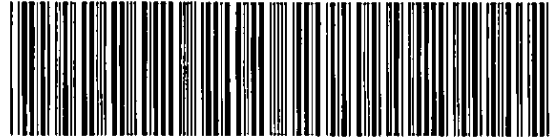
(Document Number)

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2024 OCT -7 AM 11:11  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 OCT -7 PM 3:15  
TALLAHASSEE, FLORIDA

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/07/2024

**\*\*WALK IN\*\***

ENTITY NAME MIAMI 107 AVE PROPERTIES KI, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*E. R. J. H.*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MIAMI 107 AVE PROPERTIES KI, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erika Yess

Name of Person

Kayne Anderson Real Estate

Firm/Company

1 Town Center Road, 3rd Floor

Address

Boca Raton, FL 33486

City/State and Zip Code

eyess@kaynecapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erika Yess

561 300-6285

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2024 OCT -7 AM 11:11

TALLAHASSEE, FLORIDA

MIAMI 107 AVE PROPERTIES KI, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/27/2022 and assigned  
Florida document number L19000116460.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

One Town Center Road, 3rd Floor

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33486

Enter new mailing address, if applicable:

One Town Center Road, 3rd Floor

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33486

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

National Registered Agents, Inc.

New Registered Office Address:

1200 South Pine Island Road

*Enter Florida street address*

Plantation

City

, Florida 33324

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
If Changing Registered Agent, Signature of New Registered Agent

JoAnn Caswell, Asst. Secy.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CIOA	Ernesto Lopes	12895 SW 132nd Street, Suite 202	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CFOA	Ricardo Blas	12895 SW 132nd Street, Suite 202	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Chief Technology Officer/Authorized Representative	Caixeta Thiago	12895 SW 132nd Street, Suite 202	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Batista Fabrizio	12895 SW 132nd Street, Suite 202	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Oswaldo J. Marchante	12895 SW 132nd Street, Suite 202	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEOP	Old Cutler JV LLC	12895 SW 132nd Street, Suite 202	<input type="checkbox"/> Add
		Miami, FL 33186	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Auth Person	Russell M. Reiter	1 Town Center Road, 3rd FL	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Auth Person	John A. Wain	1 Town Center Road, 3rd FL	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Auth Person	Meegan T. Motisi	1 Town Center Road, 3rd FL	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Miami 107 Ave Properties JV KI, LLC	1 Town Center Road, 3rd FL	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Caixeta Thiago title: Chief Technology Officer/Authorized Representative

Meegan Motisi title: Authorized Person

Russell Reiter title: Authorized Person

John A. Wain title: Authorized Person

2024 OCT - 7 AM 11:11  
TALLAHASSEE, FLORIDA

FILED

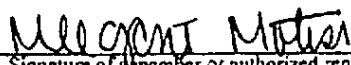
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 7, 2024



Signature of member or authorized representative of a member

Meegan T. Motisi, Authorized Person

Typed or printed name of signee

Filing Fee: \$25.00