

MO6000007162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

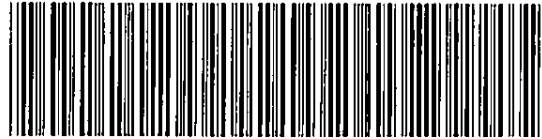
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400431206134

FILED
2024 OCT -8 PM 9:09
TALLAHASSEE, FL



CSC - Tallahassee
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: 10/08/24
Order #: 1640970-1
Re: Miramar Lakes LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written over the routing information.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
I20000000195

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.

RECEIVED
2024 OCT - 8 PM 3:36
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miramar Lakes (Delaware) LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Miramar Lakes (Delaware) LLC

Enter new principal office address, if applicable: 127 Public Square, Suite 2400

(Principal office address

MUST BE A STREET ADDRESS)

Cleveland, Ohio 44114

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

127 Public Square, Suite 2400

Cleveland, Ohio 44114

2. The Florida document number of this limited liability company is: M06000007162

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/27/2006

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Corporation Service Company

New Registered Office Address: 120 Hays Street

Enter Florida Street Address

Tallahassee

City

Florida

32301

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.

Shauna Godbolt

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paul Ahls	591 W Putnam Ave	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AMBR	Brian Soss	591 W Putnam Ave	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AMBR	Andres Panza	591 W Putnam Ave	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AMBR	Steven Post	591 W Putnam Ave	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
AMBR	Harry Rummell	591 W Putnam Ave	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, 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.

Susan O'Brien

Signature of the authorized representative

Susan O'Brien

Typed or printed name of signee


Filing Fee: \$25.00

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Signatory	Kellie Jackson	300 International Parkway, Ste 130	<input type="checkbox"/> Add
		Heathrow, FL 32746	<input checked="" type="checkbox"/> Remove
Authorized Signatory	Lorie O'Dell	300 International Parkway, Ste 130	<input type="checkbox"/> Add
		Heathrow, FL 32746	<input checked="" type="checkbox"/> Remove
Authorized Signatory	Rachelle Hundley	300 International Parkway, Ste 130	<input type="checkbox"/> Add
		Heathrow, FL 32746	<input checked="" type="checkbox"/> Remove
Authorized Signatory	Nelda Jones	300 International Parkway, Ste 130	<input type="checkbox"/> Add
		Heathrow, FL 32746	<input checked="" type="checkbox"/> Remove
O	Susan O'Brien	127 Public Square, Suite 2400	<input checked="" type="checkbox"/> Add
		Cleveland, OH 44114	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, 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.



Signature of the authorized representative

Susan O'Brien

Typed or printed name of signee

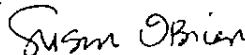
Filing Fee: \$25.00

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
O	Linda Early	127 Public Square, Suite 2400	<input checked="" type="checkbox"/> Add
		Cleveland, Ohio 44114	<input type="checkbox"/> Remove
O	Thomas Patrick	127 Public Square, Suite 2400	<input checked="" type="checkbox"/> Add
		Cleveland, Ohio 44114	<input type="checkbox"/> Remove
O	Robert Koltiska	7351 E. 29th Avenue	<input checked="" type="checkbox"/> Add
		Denver, CO 80238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, 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.



Signature of the authorized representative

Susan O'Brien

Typed or printed name of signee

Filing Fee: \$25.00 AMEND-18488