

Division of Corporations

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M09000002460

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)  
Account Number : 103731001374  
Phone : (407) 418-2435  
Fax Number : (407) 420-5909

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RRomero@codina.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DORAL P1 PHASE LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$30.00 |

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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**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: Doral P1 Phase LLC

Enter new principal office address, if applicable: n/a

*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: MO9000002460

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/26/2009

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

5. New name of the limited liability company: Doral 8240 Office, LLC  
(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: n/a

New Registered Office Address: \_\_\_\_\_  
*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City 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

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

n/a

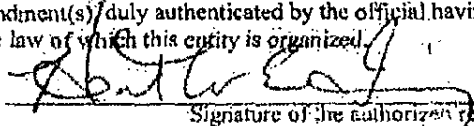
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

n/a

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|-----------------------|-------------|----------------|---------------------------------|
|                       |             |                | <input type="checkbox"/> Add    |
|                       |             |                | <input type="checkbox"/> Remove |
|                       |             |                | <input type="checkbox"/> Add    |
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|                       |             |                | <input type="checkbox"/> Remove |

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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

Heather E. Irving

Typed or printed name of signee

Filing Fee: \$25.00

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# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "DORAL P1 PHASE LLC", CHANGING ITS NAME FROM "DORAL P1 PHASE LLC" TO "DORAL 8240 OFFICE, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF APRIL, A.D. 2018, AT 11:55 O'CLOCK A.M.



*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

4701751 8100  
 SR# 20182607071

Authentication: 202493002  
 Date: 04-11-18

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION  
OF  
DORAL P1 PHASE LLC

DORAL P1 PHASE LLC (hereinafter called the "Company"), a limited liability company organized and existing under and by virtue of the Limited Liability Company Act of the State of Delaware, does hereby certify:

1. The name of the limited liability company is Doral P1 Phase LLC.
2. The Certificate of Formation of the company is hereby amended by striking out Article 1 thereof and by substituting in lieu of said Article 1 the following new Article 1:  
  
"1. The name of the limited liability company is Doral 8240 Office, LLC (the "Company")."

Executed on this 10th day of April, 2018.

By: /s/ Rafael Romero  
Rafael Romero  
Authorized Person