

1249 4/11  
Page 1 of 2

Division of Corporations

MO900002471  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

From: Account Name : GREENBERG TRAURIG (ORLANDO)  
Account Number : 103731901374  
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 RI PHASE LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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2018 APR 12 AM 10:02  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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APR 13 2018  
Heather Irving  
J. HARRIS

850-617-8381

4/12/2018 10:36:07 AM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Resubmitted*

April 12, 2018

DORAL R1 PHASE LLC  
245 PARK AVE 2ND FLOOR  
NEW YORK, NY 10167

SUBJECT: DORAL R1 PHASE LLC  
REF: M09000002471

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

FAX Aud. #: H18000114598  
Letter Number: 218A00007392

P.O BOX 6327 - Tallahassee, Florida 32314

2018 APR 12 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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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 R1 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: M09000002471

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 8300 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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2018 APR 12 AM 10:09  
REGISTERED AGENT  
FALLINGWATER, FLORIDA

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

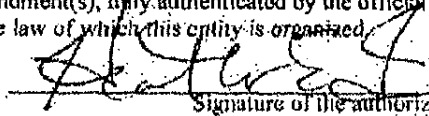
n/a

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

n/a

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

Heather E. Irving

Typed or printed name of signer

Filing Fee: \$25.00

FILED  
2018 APR 12 AM 10:09  
STATE OF FLORIDA  
ALL APPLICABLE FLORIDA

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# Delaware

The First State

Page 1

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 R1 PHASE LLC", CHANGING ITS NAME FROM "DORAL R1 PHASE LLC" TO "DORAL 8300 OFFICE, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF APRIL, A.D. 2018, AT 11:57 O'CLOCK A.M.



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

4701755 8100  
SR# 20182607165

Authentication: 202493023  
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 R1 PHASE LLC

DORAL R1 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 R1 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 8300 Office, LLC (the "Company")."

Executed on this 10th day of April, 2018.

By: /s/ Rafael Romero  
Rafael Romero  
Authorized Person

10/17