

MD 9000002475

Division of Corporations

Page 1 of 2

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.

(((H18000114583 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383
From: Account Name : GREENBERG TRAUIG (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

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TALLAHASSEE, FLORIDA

\*\*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 NI PHASE LLC

Table with 2 columns: Description and Value. Rows include Certificate of Status (1), Certified Copy (0), Page Count (02), and Estimated Charge (\$30.00).

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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4/12/2018 10:37:28 AM PAGE 1/001 Fax Server



April 12, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DORAL N1 PHASE LLC  
PO BOX 5005  
NEW YORK, NY 10163

*Resubmitted*

SUBJECT: DORAL N1 PHASE LLC  
REF: M09000002475

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Dionne M Scott  
Regulatory Specialist II

FAX Aud. #: H18000114583  
Letter Number: 518A00007391

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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 N1 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: M09000002475

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 8200 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

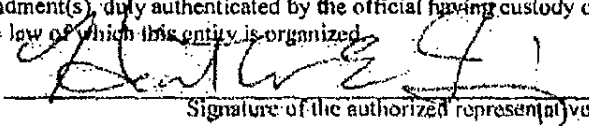
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

n/a

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<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 signee

Filing Fee: \$25.00

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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 N1 PHASE LLC", CHANGING ITS NAME FROM "DORAL N1 PHASE LLC" TO "DORAL 8200 OFFICE, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF APRIL, A.D. 2018, AT 11:54 O'CLOCK A.M.

FILED  
 18 APR 12 AM 10:51  
 SECRETARY OF STATE  
 FALLS CREEK, PENNSYLVANIA



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

4701750 8100  
 SR# 20182607014

Authentication: 202492996  
 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 N1 PHASE LLC

FILED  
18 APR 12 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DORAL N1 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 N1 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 8200 Office, LLC** (the "Company")."

Executed on this 10th day of April, 2018.

By: /s/ Rafael Romero  
Rafael Romero  
Authorized Person

850-617-6381

4/12/2018 12:05:16 PM PAGE 1/001 Fax Server



April 12, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DORAL P1 PHASE LLC  
245 PARK AVENUE, 2ND FLOOR  
NEW YORK, NY 10167

SUBJECT: DORAL P1 PHASE LLC  
REF: M09000002460

*Resubmittal*

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.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H18000114592  
Letter Number: 718A00007407