

Division of Corporations

4/11 1276  
Page 1 of 2

**M09000002478**  
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.**

(((H18000114606 3)))



H180001146063ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : GREENBERG TRAUERIG (ORLANDO)  
 Account Number : 103731001374  
 Phone : (407) 416-2435  
 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 Q1 PHASE LLC**

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

RECEIVED  
 2018 APR 12 AM 9:19  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 2018 APR 12 PM 4:53  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

APR 13 2018  
Heather Irving  
**J. HARRIS**

850-617-6381

4/12/2018 10:04:40 AM PAGE 1/001 Fax Server



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Resubmitted*

April 12, 2018

DORAL Q1 PHASE LLC  
245 PARK AVE  
2ND FLOOR  
NEW YORK, NY 10167

SUBJECT: DORAL Q1 PHASE LLC  
REF: M09000002478

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.

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

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H18000114606  
Letter Number: 118A00007380

FILED  
2018 APR 12 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

((H18000114606 3))

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 Q1 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: M09000002478

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 8350 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

((H18000114606 3))

FILED 2018 APR 12 AM 8:19 REGISTRY OF STATE FILLS HAS BEEN FILED

(((H18000114606 3)))

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
			<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.

*Heather E. Irving*  
Signature of the authorized representative

Heather E. Irving

Typed or printed name of signee

Filing Fee: \$25.00

(((H18000114606 3)))

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
2018 APR 12 AM 9:49  
FILED

((H18000114606 3))

# Delaware

Page 1

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 Q1 PHASE LLC", CHANGING ITS NAME FROM "DORAL Q1 PHASE LLC" TO "DORAL 8350 OFFICE, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF APRIL, A.D. 2018, AT 11:56 O'CLOCK A.M.

11:56 AM  
 APR 11 2018  
 DEPARTMENT OF STATE



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

4701752 8100  
 SR# 20182607110

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

Authentication: 202493016  
 Date: 04-11-18

((H18000114606 3))

(((H18000114606 3)))

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION  
OF  
DORAL Q1 PHASE LLC

DORAL Q1 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 Q1 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 8350 Office, LLC** (the "Company")."

Executed on this 10th day of April, 2018.

By: /s/ Rafael Romero  
Rafael Romero  
Authorized Person