

MI1000001927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

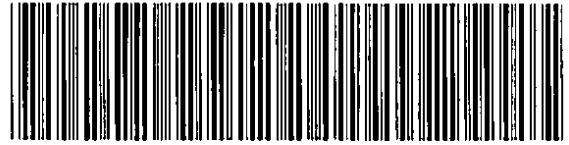
(Business Entity Name)

(Document Number)

Certified Copies ✓ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021-12-21 PM 5:40

RECEIVED

ALL INFORMATION

2021 DEC 20 PM 12:55

RECEIVED

Handwritten: *Amend  
Name chg*

DEC 21 2021  
ALBRITTON

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 12/20/2021

**\*\*WALK IN\*\***

ENTITY NAME MEPT Sawgrass Center LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$55

ACCOUNT #: I20160000072

*S R J/16*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEPT Sawgrass Center 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:

Lakecia Stanford

Name of Person

## Revantage Corporate Services

Firm/Company

233 S. Wacker Drive, Suite 4700

Address

Chicago, IL 60606

City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person                      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:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☒ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



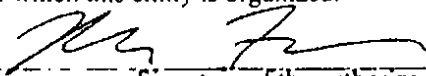
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

The name and usual business address of the Manager is as follows: BREIT Retail Holden LLC, 10920 Via Frontera, Suite 220, San Diego, CA 92127

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	MEPT Edgemoor REIT LLC	c/o NewTower Trust Company, J Bethesda Metro Center, Suite 1400, Bethesda, MD 20814	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	BREIT Retail Holdco LLC	10920 Via Frontera, Suite 220 San Diego, CA 92127	<input checked="" 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

Mike Forman, Managing Director and Vice President

Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "BCORE SAWGRASS CENTER LLC" AS RECEIVED AND FILED IN THIS OFFICE.


THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE FIFTH DAY OF APRIL, A.D. 2011, AT 5:31 O`CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "MEPT SAWGRASS CENTER LLC" TO "BCORE SAWGRASS CENTER LLC", FILED THE SEVENTEENTH DAY OF DECEMBER, A.D. 2021, AT 10:17 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "BCORE SAWGRASS CENTER LLC".



  
Jeffrey W. Bullock, Secretary of State

*STATE of DELAWARE*  
CERTIFICATE of FORMATION  
OF  
MEPT SAWGRASS CENTER LLC

**FIRST:** The name of the limited liability company is: MEPT Sawgrass Center LLC

**SECOND:** The address of its registered office in the State of Delaware is: Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801. The name of its Registered Agent at such address is: The Corporation Trust Company.

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Formation of MEPT Sawgrass Center LLC on this 5<sup>th</sup> day of April, 2011.

MEPT Sawgrass Center LLC:

By: MEPT Edgemoor REIT LLC

By: McNaul Ebel Nawrot & Helgren PLLC,  
its attorneys

By:   
Serena Sayani  
Authorized Person

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT TO THE  
CERTIFICATE OF FORMATION  
OF  
MEPT SAWGRASS CENTER LLC**

It is hereby certified that:

**FIRST:** The name of the limited liability company (hereinafter called the "limited liability company") is: **MEPT Sawgrass Center LLC**

**SECOND:** The Certificate of Formation of the limited liability company is hereby amended by striking out paragraph 1 thereof and by substituting in lieu of said paragraph the following new paragraph 1:

**"FIRST:** The name of the limited liability company is **BCORE Sawgrass Center LLC**"

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment on the 16 day of December, 2021.

By: \_\_\_\_\_

Name: **Mike Forman**

Title: **Managing Director and Vice President**