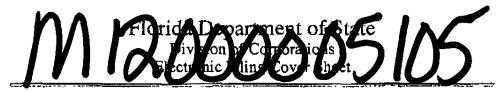
Division of Corporations

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Division of Corporations

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From:

Email Address:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

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

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100 V. J. MOC.

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Help

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: MIDTOWN OPPORTUN	ITIES XIVB, LLC		<u></u>
Enter new principal office address, if applicable:	600 Brickell Ave. Suite 1760		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33131		_
Enter new mailing address, if applicable:	600 Brickell Ave. Suite 1760		.
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33131		
		ALI	2016
2. The Florida document number of this limited lia	bility company is: M12000005105	Dir.	LLC.") attach a nate name
3. Jurisdiction of its organization: Delaware		ASSET VIX	a [
4. Date authorized to do business in Florida: 09/	/11/2012		
		- <u>8</u> 5.	_ ~
SECTION II (5-9 complete only the applicable of	changes)		<u>—</u>
5. New name of the limited liability company: (mus-	t contain "Limited Liability Company, " "L.L.C.,	or "LL	.C.' ')
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florid naging members adopting the alternate name. The c." or "LLC.")	a and acta e alternat	ich s e name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records, enter the name	of the ne	<u>w</u>
Name of New Registered Agent:	,		_
New Registered Office Address:			
	Enser Florida Street Address		
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I further agreand complete performance of my duties, and I average agent as provided for in Chapter 605, F.S. in the registered office address. I hereby confirm	m familia Or, if this	r with

A ...

3. If the amend	ment changes person, title or capacity in a	accordance with 605.0902 (1)(e), indicate	e that change:	
Title/ Capacity	Name	Address	Type of Act	
MGR	ELIAS ESBER	9130 SOUTH DADELAND BLVD. SUITE 1510		
		MIAMI, FL 331	56 Rem	
MGR	SUZANNE DEWITT	9130 SOUTH DADELAND BLVD. SU	UITE 1510	
		MIAMI, FL 331	56 Rem	
MGR	SUZANNE DEWITT	600 Brickell Ave. Suite	2 1760 ■Add	
		Miami, FL 3313	31 Remo	
			And	
			Z Kemo	
			Add	
aforemention	a certificate, if required: no more than Si ned amendment(s), duly authenticated b under the law of which this entity is org	y the official having custody of records		
		f the authorized representative		