

112000006816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

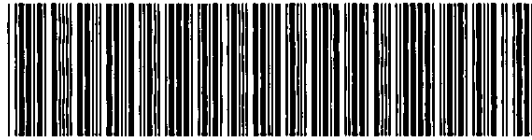
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 NOV -4 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2015 NOV -4 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 05 2015

Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 856074 4320723

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : November 1, 2015

ORDER TIME : 1:14 PM

ORDER NO. : 856074-025

CUSTOMER NO: 4320723

FOREIGN FILINGS

NAME: IIT MIRAMAR DC LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IIT Miramar DC 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

**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: IIT Miramar DC LLC

Enter new principal office address, if applicable: Two North Riverside Plaza, Suite 2350

(Principal office address
MUST BE A STREET ADDRESS)

Chicago, IL 60606

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

Two North Riverside Plaza, Suite 2350

Chicago, IL 60606

2. The Florida document number of this limited liability company is: M12000006816

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: November 12, 2012

December 7,

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Western Miramar DC, 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 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: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee

Florida 32301

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.

Michael Campbell
If Changing Registered Agent, Signature of New Registered Agent

Michael Campbell
Asst. Vice President


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15 NOV -4 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	IIT REAL ESTATE HOLDCO LLC	518 17TH STREET, SUITE 1700	<input type="checkbox"/> Add
		DENVER, CO 80202	<input checked="" type="checkbox"/> Remove
Member	Western B Southeast Mezz, LLC	Two North Riverside Plaza, Suite 2350	<input checked="" type="checkbox"/> Add
		Chicago, IL 60606	<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
John W. Collins,
An Authorized Person

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 THAT "WESTERN MIRAMAR DC, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2012, AT 6:29 O'CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWELFTH DAY OF AUGUST, A.D. 2013, AT 11:35 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "IIT MIRAMAR DC LLC" TO "WESTERN MIRAMAR DC, LLC", FILED THE FOURTH DAY OF NOVEMBER, A.D. 2015, AT 11:18 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, "WESTERN MIRAMAR DC, LLC".



5249877 8310

SR# 20150772316

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 10358689

Date: 11-04-15

Delaware

The First State

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AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WESTERN
MIRAMAR DC, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF NOVEMBER,
A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
BEEN PAID TO DATE.



5249877 8310

SR# 20150772316

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JW Butloch", is written over a horizontal line. Below the line, the text "Jeffrey W. Butloch, Secretary of State" is printed.

Jeffrey W. Butloch, Secretary of State

Authentication: 10358689

Date: 11-04-15