

# M13000003886

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Fax Number : (350) 617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MONOGRAM RESIDENTIAL BRICKELL PROJECT OWNER, LLC

|                       |         |
|-----------------------|---------|
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**FAX COVER SHEET**

TO

COMPANY

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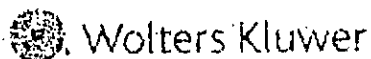
FROM Ranae McGraw

DATE 2017-09-29 12:07:46 CST

RE MONOGRAM RESIDENTIAL BRICKELL PROJECT OWNER,  
LLC**COVER MESSAGE**

Chris Rickard  
Senior Fulfillment Specialist  
CT Corporation

Team (614) 280-3338  
[GlobalFulfillmentTeam@wolterskluwer.com](mailto:GlobalFulfillmentTeam@wolterskluwer.com)



4400 Easton Commons Way Suite 125 Columbus, Ohio 43219  
[www.wolterskluwer.com](http://www.wolterskluwer.com)

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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: Monogram Residential Brickell Project Owner, LLC

Enter new principal office address, if applicable: 18 Broad Street, Suite 500

(Principal office address  
MUST BE A STREET ADDRESS)

Charleston, SC 29401

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: M13000003886

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/18/2013

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

5. New name of the limited liability company: GS Brickell Project Owner, 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida

33324

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.*

**Laura Broderick**  
Assistant Secretary

Laura Broderick  
If Changing Registered Agent, Signature of New Registered Agent

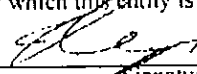
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Adding A. Joshua Carper as authorized person.

| <u>Title/ Capacity</u>              | <u>Name</u>      | <u>Address</u>                                   | <u>Type of Action</u>                   |
|-------------------------------------|------------------|--|---|
| Vice President<br>Authorized Person | A. Joshua Carper | 18 Broad Street, Suite 300, Charleston, SC 29401 | <input checked="" type="checkbox"/> Add |
|                                     |                  |  | <input type="checkbox"/> Remove         |
|                                     |                  |  | <input type="checkbox"/> Add            |
|                                     |                  |  | <input type="checkbox"/> Remove         |
|                                     |                  |  | <input type="checkbox"/> Add            |
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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

A. Joshua Carper, Vice President

Typed or printed name of signer

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 THE SAID "MONOGRAM RESIDENTIAL  
BRICKELL PROJECT OWNER, LLC", FILED A CERTIFICATE OF AMENDMENT,  
CHANGING ITS NAME TO "GS BRICKELL PROJECT OWNER, LLC" ON THE  
NINETEENTH DAY OF SEPTEMBER, A.D. 2017, AT 6:37 O'CLOCK P.M.

FILED  
2017 SEP 29 AM 10:05  
OFFICE OF THE  
CLERK OF THE  
DELAWARE  
STATE



5350853 8320  
SR# 20176403007

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

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203316518  
Date: 09-29-17