Division of Corporations Electronic Filing Cover Sheet

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(((H17000164343 3)))



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To:

Division of Corporations

Fax Number

Fax Number : (850) 617-6383

From:

Account Hame : FLAGLER DEVELOPMENT GROUP, LLC

: (305)520-2400

Account Number : 120020000144 : (305)520-2344 Phone

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PI LAND HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUN 23 2017

6/20/2017

COVER LETTER

то:	Registration S Division of Co		t,		
SUBJ	ECT: PILA	and Holdings LLC			
		Name of Foreign I	_imited Liabil	lity Compa	ny
Dear S	Sir or Madam:				
The er	relosed applicat	ion, certificate and fee(s) are	submitted fo	or filing.	
Please	return all corre	spondence concerning this r	natter to the f	ollowing:	
Kol	leen Cob	b			
		Name of Person			
		Firm/Company			
285	55 Le Jeu	ne Rd., 4th Floor	r		
	70 EC 000	Address			
			#2		
Col	ral Gable	s, FL 33134		<u>-</u>	
		City/State and Zip Code			
E-:	nail address: (to	be used for future annual re	port notificat	ion)	
For fi	irther informatic	on concerning this matter, pl	ease call:		
Jes	sica Pere	ez "	305_	, 520-2	2366
	Name	of Person	Area Code	& Daytim	e 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		ation Section n of Corporations ox 6327	
s 2	osed is a check 25 Filing Fee 255 (9/15)	for the following amount: \$30 Filing Fee & Certificate of Status	S\$5 Fili Certifie		S60 Filing Fee, Certificate of Status & Certified Copy

From:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

	33 IN FLORIDA	•	
	(1-4 must be completed)	partment of Spirit Constitution of Spirit Con	
Name of limited liability Company as a appears of the land Holdings 1.1.C.		partment of	
State: PI Land Holdings LLC		- 10 Co. 3	
Enter new principal office address, if applicable:			
MUST RE A STREET ADDRESS)	i,.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
— 2. The Florida document number of this limited liabil	lity company is; M130000	06397	
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 10/4/	/2014		
SECTION II (5-9 complete only the applicable changes). New name of the limited liability company: (must compare)	C Land Holdings LLC		
(must e	contain "Limited Liability Com	pany, ""L.L.C.," or "L.L.C.")	
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managers contain "Limited Liability Company," "L.L.C."	iging members adopting the alte	isiness in Florida and attach a emate name. The alternate name	
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	officer address on our records, liess here:	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	Street Address	
	, Florida		
		. Florida	

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.

8. If the amendment	changes person, title or capacity in ac	ecordance with 605.0902 (1)(e), indicate	that change
Title/ Capacity	Name	coordance with 605.0902 (1)(e), indicate	Section 1988
			AddRemove
			Add
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		- a man apply derived data to a game, a haplet in the apply with a particular and a second management.	Add
aforementioned	er the law of which this entity is orga	the official having custody of records	Remove

Typed or printed name of signee

Delaware The First State

Page 1

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 "PI LAND HOLDINGS, LLC", CHANGING ITS NAME FROM "PI LAND HOLDINGS, LLC" TO "FEC LAND HOLDINGS LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF JUNE, A.D. 2017, AT 8:18 O'CLOCK P.M.



Authentication: 202751306 Date: 06-21-17

5393310 8100 SR# 20174871197 1 rom:

06/22/2017 11:36

#756 P.007/007

From:

06/07/2017 20:41

#741 P.008/010

State of Bilaware
Secretary of State
Division of Curporations
Delivered 08:15 PM 06 07 2017
FILED 08:18 PM 05 07 2017
SR 20174645922 - File Number 5393310

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

- 1. Name of Limited Liability Company: Pl Land Holdings, LLC
- 2. This Certificate of Formation of the limited liability company is hereby amended as follows:

FIRST: The name of the limited liability company is: FEC Land Holdings LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on Thay of June, 2017.

PI Land Holdings, LLC

By: Kolledn O.P. Cobb

Vice\ resident

2017 JUN 22 AM 9. 5.

06/22/2017 H:37 #756 P.001/007

6/21/2017 10:06:23 AM PAGE 1/00] Fax Server



June 21, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

PI LAND HOLDINGS, LLC 2855 LE JEUNE RD 4TH FLOOR CORAL GABLES, FL 33134

SUBJECT: PI LAND HOLDINGS, LLC

REF: M13000006397

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 or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

We need a "Good Standing Certificate" stating name change or a "Certified Copy" of the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Karen A Salv Regulatory Decialist II FAX Aud. #: H17000164343 Letter Number: 317A00012551

ANT JUN 22 PU E. SEGNETIANS PRICAMASSEE, FLORE

P.O BOX 6327 - Tallahassee, Florida 32314