

10/11/2018



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AVR DAVIE LLC

Certificate of Status	0
Certified Copy	1
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OCT 11 2018

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 11 AM 9:10

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10-17-18

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: AVR Davic LLC

Enter new principal office address, if applicable: c/o Clarion Partners

(Principal office address)
MUST BE A STREET ADDRESS

230 Park Avenue
New York, NY 10169

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

c/o Clarion Partners
230 Park Avenue
New York, NY 10169

2. The Florida document number of this limited liability company is: M114000004131

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/11/2014

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

5. New name of the limited liability company: 33 West Owner, L.L.C
(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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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

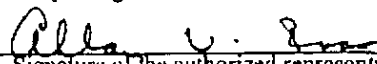
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Controller	Deana McKay	One Executive Blvd.	<input type="checkbox"/> Add
		Yonkers, NY 10701	<input checked="" type="checkbox"/> Remove
Authorized Person	Janis Mandarino	c/o Clarion Partners	<input checked="" type="checkbox"/> Add
		230 Park Avenue, New York, NY 10169	<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

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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

Allan V. Rose

 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 IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AVR DAVIE LLC", CHANGING ITS NAME FROM "AVR DAVIE LLC" TO "33 WEST OWNER, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF OCTOBER, A.D. 2018, AT 5:02 O`CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

5548502 8100
SR# 20187080154

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

Authentication: 203590158
Date: 10-11-18

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:02 PM 10/10/2018
FILED 05:02 PM 10/10/2018
SR 20187080154 - File Number 5548502

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: AVR Davie LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

In order to change the name of the limited liability company from "AVR Davie LLC" to "33 West Owner, LLC", the Article titled "First" is hereby amended and restated in its entirety to read as follows:

"First: The name of the limited liability company is 33 West Owner, LLC."

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 10th day of October, A.D. 2018.

By: Allan V. Rose
Authorized Person(s)

Name: Allan V. Rose
Print or Type