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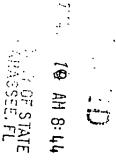
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

| Divis | sion of Corp | porations | | | | |
|--|---------------|--|----------------------------------|--|---|--|
| SUBJECT: | TM WELL | INGTON GREEN MALL | GP, L.L.C. | | | |
| oopale. | | Name of Foreign | Limited Liabi | ility Com | pany | |
| Dear Sir or N | /ladam: | | | | | |
| The enclosed | l applicatio | n, certificate and fee(s) | are submitted f | or filing. | | |
| Please return | all corresp | ondence concerning this | s matter to the | following | g: | |
| ASAD SADIÇ |) | | | | | |
| | | Name of Person | | | | |
| THE MALL A | T WELLIN | GTON GREEN | | | | |
| | | Firm/Company | | | | |
| 10300 W. FOF | RST HILL B | LVD SUITE 2000 | | | | |
| | | Address | | | | |
| WELLINGTO | N FL 33414 | | | | | |
| | (| City/State and Zip Code | | | | |
| ASADIQ@SP | INOSOREG | .СОМ | | | | |
| E-mail add | iress: (to be | used for future annual | report notifical | tion) | | |
| For further in | formation | concerning this matter, | please call: | | | |
| ASAD SADIÇ | | _ | 224 at (| 400-569 | | |
| | Name o | f Person | Area Code | & Dayti | me Telephone Number | |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| Enclo ■\$25 Filing | | neck for the following \$30 Filing Fee & Certificate of Status | amount: \$55 Filing Certified C | | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy | |

TO: Registration Section

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)

| Name of limited liability Company as it appears TM WELLINGTON GREEN MALL, I | | orida Department | of | | | | |
|--|--|---|--|---|---|--|--|
| State: TM WELLINGTON GREEN MALL, L Enter new principal office address, if applicable | 10300 W FOREST HIL | 10300 W. FOREST HILL BLVD SUITE 2000 | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | WELLINGTON FL 334141 | | | | | |
| Enter new mailing address, if applicable: | 10300 W. FOREST HIL | 10300 W. FOREST HILL BLVD 2000 | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | WELLINGTON FL 334 | WELLINGTON FL 33414 | | | | | |
| 2. The Florida document number of this limited | liability company is: M140 | 00005035 | : | | - | | |
| 3. Jurisdiction of its organization: GREENWIC | н ст | | 15 y 55 10 | | _ ; | | |
| 4. Date authorized to do business in Florida: 07 | 7-16/20214 | | 1 S C C C C C C C C C C C C C C C C C C | ∑ | _====================================== | | |
| SECTION II (5-9 complete only the applicable | le changes) | | STA. | <u>ස</u> | | | |
| 5. New name of the limited liability company: (m | ust contain "Limited Liabil | ity Company, " " | L.L.C.," or | ــــــــــــــــــــــــــــــــــــ | _ i.") | | |
| (If name unavailable, enter alternate name adopt copy of the written consent of the managers or most contain "Limited Liability Company," "L. | nanaging members adopting | icting business in g the alternate nar | Florida an me. The alt | d attacl | h a name | | |
| 6. If amending the registered agent and/or regist registered agent and/or the new registered office | ered officer address on our address here: | records, enjer the | : name of t | <u>ne new</u> | | | |
| Name of New Registered Agent: ASAD SADIO | 2 | | | | _ | | |
| New Registered Office Address: 10300 W. FO | REST HILL BLVD SUITE 2 | | | | _ | | |
| V | Enter : VELLINGTON | Florida Street Ad | 33414 | | | | |
| - | City | Flori | Zip C | ode. | _ | | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered at the provisions of all statutes relative to the prop and accept the obligations of my position as reg document is being filed to merely reflect a changliability company has been notified in writing of | gent and agree to act in this er and complete performan istered agent as provided fo ge in the registered office ac | ce of my duties, a or in Chapter 603 | ind I am fai i, F.S. Or, i gorffrn thu | miliar if this it the li | with mited | | |

| Title/ Capacity | <u>Name</u> | Address Ty | Type of Action | | | |
|-----------------|--------------------------------------|--|----------------|--|--|--|
| GENAR/ | ASAD SADIQ | 10300 W. FORET HILL BLVD SUITE 2000 | _■Add | | | |
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| aforemention | inder the law of which this entity i | and by the official having custody of records in the | Rem | | | |

Filing Fee: \$25.00