

M14000005215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

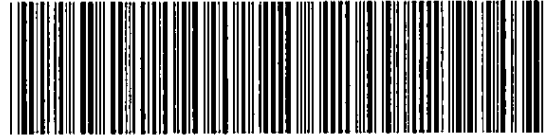
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 FEB 19 AM 9:08

TALLAHASSEE, FL

RECEIVED

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

*[Handwritten signature]*

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

ACCOUNT NO. : I20000000195  
REFERENCE : 323586 8331866  
AUTHORIZATION : *Shauna Godbolt*  
COST LIMIT : \$ 25.00

ORDER DATE : February 16, 2024  
ORDER TIME : 7:58 AM  
ORDER NO. : 323586-290  
CUSTOMER NO: 8331866

**FILED**  
2024 FEB 19 AM 9:08  
CLERK OF STATE  
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: GPT 74TH STREET OWNER 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: Shauna Godbolt -- EXT#

EXAMINER: \_\_\_\_\_

**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: GPT 74th Street Owner LLC

Enter new principal office address, if applicable: 602 W. Office Center Drive, Suite 200

(Principal office address  
MUST BE A STREET ADDRESS) Fort Washington, PA 19034

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: M14000005215

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/23/2014

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

5. New name of the limited liability company: \_\_\_\_\_  
(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: \_\_\_\_\_

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

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> |
|------------------------|-------------|----------------|-----------------------|
|------------------------|-------------|----------------|-----------------------|

|                      |                          |  |   |
|----------------------|--------------------------|--|---|
| Managing<br>Director | Warren "Wes" Vaughan Jr. | 602 W. Office Center Drive, Suite 200<br>Fort Washington, PA 19034 | <input checked="" type="checkbox"/> Add |
|----------------------|--------------------------|--|---|

|       |       |       |  |
|-------|-------|-------|--|
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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STATE OF FLORIDA  
TALLAHASSEE, FL

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

Alexa Rose

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00