

M14 000005458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

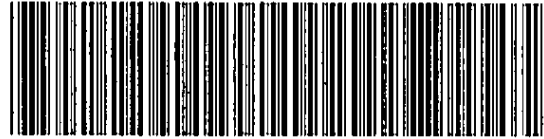
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WR10000051541

Office Use Only

Evidence



100359846151

02/15/21--01022--025 **25.00

FILED

2021 APR 30 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FL

JUN 22 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PPF AMLI 8800, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorena Montenegro

Name of Person

AML1 8800

Firm/Company

141 West Jackson Blvd, Ste 300

Address

Chicago, IL 60604

City/State and Zip Code

LMONTENEGRO@AML1.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena Montenegro

Name of Person

at (312) 283-4700

Area Code & Daytime 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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

FILED
2021 APR 30 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 APR 30 AM 7:56

SECRET

April 16, 2021

LORENA MONTENEGRO
141 WEST JACKSON BLVD
STE 300
CHICAGO, IL 60604

SUBJECT: PPF AMLI 8800, LLC
Ref. Number: M14000005458

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

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) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 721A00007872

**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: PPF AMLI 8800, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2021 APR 30 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2. The Florida document number of this limited liability company is: M14000005458

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/31/2014

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

5. New name of the limited liability company: 8800 Doral 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: _____

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.

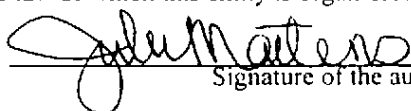
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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
_____	_____	_____	<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

see attached signaure page

Typed or printed name of signee

Filing Fee: \$25.00

8800 Doral LLC, a Delaware
limited liability company

By: PPF AMLI 8800 Doral Boulevard LLC, a Delaware
limited liability company, its sole member

By: AMLI Residential Properties, L.P., a Delaware
limited partnership, its sole member

By: AMLI Residential Partners LLC, a Delaware
limited liability company, its general partner

By: Julie Martens
Name: Julie Martens
Title: Asst Secretary

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 "PPF AMLI 8800, LLC",
CHANGING ITS NAME FROM "PPF AMLI 8800, LLC" TO "8800 DORAL
LLC", FILED IN THIS OFFICE ON THE SECOND DAY OF FEBRUARY, A.D.
2021, AT 12:52 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: PPF AMLI 8800, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

striking out Article One thereof and by substituting in lieu of said Article the following new Article One:

"Article One
The name of the Company is 8800 Doral LLC."

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 1st day of February, A.D. 2021.

By: Lorena Montenegro
Authorized Person(s)

Name: Lorena Montenegro

Print or Type