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To:

Division of Corporations

Fax Number

: (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone : (954)208-0845

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

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Help



From: Kimberly Laughrey

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)

Enter new principal office address, if applicable: (Principal office address MIST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address, if applicable: (Mailing address) Enter new mailing address, if applicable: (Mailing address) (Mailing address) Enter new mailing address, if applicable: (Mailing address) (Mailing address) (Mailing address) Enter new mailing address, if applicable: (Mailing address) (Mailing ad	1. Name of limited liability Company as it appear	s on the records of the Florida Department of
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) 2. The Florida document number of this limited liability company is: Delaware 4. Date authorized to do business in Florida: SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: (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 officer address on our records. Secure of New Registered Agent: Secure of 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 officer address here: Name of New Registered Agent: New Registered Agent's Signature, if changing Registered Agent: There by account the consumment or revisitored agent and agree to act in this capacity. I further agree to comply with	State: Metro Dadeland LLC	
Miami Beach, FL 33139 Emer new mailing address, if applicable: (Mailing address, if applicable: (Mailing address) May BE A POST OFFICE BOX) Miami Beach, FL 33139 1601 Washington Avenue, Suite 800 Miami Beach, FL 33139 2. The Florida document number of this limited liability company is: M14000005843 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 08/15/2014 SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: Metro Dadeland Owner, L.L.C. (must contain "Limited Liability Company," "L.L.C." or "L.L.C.") (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 "L.L.C.") 6. If amending the registered agent and/or registered officer address on our records, enter the name of the new Registered Agent: New Registered Agent: Signature, if changing Registered Agent: New Registered Agent's Signature, if changing Registered Agent: Therefore agent in this canacian; I further agree to comply with		1601 Washington Avenue, Suite 800
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the provisions of all statutes relative to the proper and complete performance of my dates, and I am familiate 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.	the provisions of all statutes relative to the proper and accept the obligations of my position as regis- document is being filed to merely reflect a change	and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

From: Kimberly Laughrey

8. If the amendment changes person, title or capacity in accordance with 605,0902(1)(e), indicate that change:								
tle/ Capacity	<u>Name</u>	Address	Type of Action					
			□Add					
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aforementioned ar	ficate, if required; no more than 9 nendment(s), duly authenticated b the law of which this entity is org	by the official having custody of records in th	□Remov					
J.								

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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 "METRO DADELAND I LLC",

CHANGING ITS NAME FROM "METRO DADELAND I LLC" TO "METRO

DADELAND OWNER, L.L.C.", FILED IN THIS OFFICE ON THE TWENTY
NINTH DAY OF SEPTEMBER, A.D. 2021, AT 11:53 O'CLOCK A.M.





Authentication: 204358014

Date: 10-07-21