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Division of Corporations Fax Number (850)617-6383 From: Account Name : 0.T CORPORATION SYSTEM Automat Number : FCA900000023 (614)280-3338 Fax Number : (954)208-0845 **Enter the omail 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 METRO DADELAND OWNER, L.L.C.

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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 fiability Company as it appear	s on the records of the Florida [Department of			
State: Metro Dadeland Owner, L.L.C.					
Enter new principal office address, if applicable:	1601 Washington Avenue, Suit	e 800			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Miami Beach, FL 33139				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1601 Washington Avenue, Suit Miami Beach, FL 33139		FALL SHASSES	-	711.66
2. The Florida document number of this limited ha	ability company is: M140000058		<u> </u>	- 	
Jurisdiction of its organization: Delaware					;
4. Date authorized to do business in Florida: 08/1.	5/2014			<u>. </u>	
SECTION II (5-9 complete only the applicable					
5. New name of the limited liability company: (must	contain "Limited Liability Cor	npany, " "L.L.	C.," or "L	.LC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C	naging members adopting the al	ousiness in Flo ternate name.	rida aud at The alterna	tach a ate nam	e
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac	ed officer address on our record- ldress here:	s, <u>enter the nan</u>	ne of the n	<u>ew</u>	
Name of New Registered Agent:			·		
New Registered Office Address:	Fotor Clusted	a Ctrant Asiden			
	P1 - 11				
	City	, Florida _	Zip Code	?	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper and accept the obligations of my position as registate document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capac and complete performance of m ered agent as provided for in Cl in the registered office address,	ıy duties, and î hapter 605. F.S	^r am famili. S. Or. if thi	ar with is	

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
itle' Capacity	<u>Name</u>	<u>Address</u>	Type of Action			
Member	MCRT Metro Dadeland LLC	5910 N. Central Expressway, Suite 1100	□Add			
		Dallas, TX 75206	■Remo			
	Manual		□Add			
			©Remo			
			□Add			
			□Remo			
			□Add			
			□Remo			
			□Add			
aforemention	nder the law of which this entity is or	by the official having custody of records in the ganized.	□Remo			
	Signature	of the authorized representative				

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