

11/14/2019

m1500004782

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H190003351203))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email 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
AG-EREP CYPRESS I OWNER, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2019-11-14 13:02:55

2019-11-14 13:02:55

2019 NOV 14 P 1:23

FILED

Electronic Filing Menu

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Help

NOV 14 2019

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: AG-EREP Cypress I Owner, L.L.C.

Enter new principal office address, if applicable: 800 N. Magnolia Avenue
Suite 1625
Orlando, FL 32803
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 800 N. Magnolia Avenue
Suite 1625
Orlando, FL 32803
(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000004782

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 6/11/2015

FILED
2019 NOV 14 PM 1:23
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF ORANGE
FLORIDA

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

5. New name of the limited liability company: Fairway Cypress I Owner, 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)(c), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	PG-PKY Fairway JV, LLC	800 N. Magnolia Ave, Suite 1625	<input checked="" type="checkbox"/> Add
		Orlando FL 32803	<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.

A. Noni Holmes-Kidd

Signature of the authorized representative

A. Noni Holmes-Kidd

Typed or printed name of signee

Filing Fee: \$25.00

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 "AG-EREP CYPRESS I OWNER, L.L.C.", CHANGING ITS NAME FROM "AG-EREP CYPRESS I OWNER, L.L.C." TO "FAIRWAY CYPRESS I OWNER, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2019, AT 4:41 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5764611 8100
SR# 20198067002

Authentication: 203998266
Date: 11-13-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:41 PM 11/13/2019
FILED 04:41 PM 11/13/2019
SR 20198067002 File Number 5764611

CERTIFICATE OF AMENDMENT
of the
CERTIFICATE OF FORMATION
of
AG-EREP CYPRESS TOWNER, L.L.C.

This Certificate of Amendment is duly executed and filed by the undersigned authorized person to amend the certificate of formation of a limited liability company under the Delaware Limited Liability Company Act. It is hereby certified as follows:

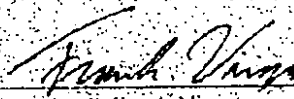
FIRST: The name of the limited liability company (the "Company") is:
AG-EREP Cypress Towner, L.L.C.

SECOND: The date of filing of the Company's original certificate of formation with the Secretary of State of the State of Delaware is June 11, 2015.

THIRD: Article 1 of said certificate of formation, which sets forth the name of the Company, is hereby amended to change the name of the Company, said amended Article 1 to read as follows:

"1. The name of the limited liability company (the "Company") is:
FAIRWAY CYPRESS TOWNER, LLC"

IN WITNESS WHEREOF, the undersigned authorized person has executed this Certificate of Amendment as of November 13, 2019.



Frank Virga
Authorized Person