

Division of Corporations

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

((H19000336618 3)))



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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
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 IV OWNER, L.L.C.

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

Help

# 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 IV Owner, L.L.C.

Enter new principal office address, if applicable: 800 N. Magnolia Avenue

(Principal office address

MUST BE A STREET ADDRESS)

Suite 1625

Orlando, FL 32803

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

800 N. Magnolia Avenue

Suite 1625

Orlando, FL 32803

2. The Florida document number of this limited liability company is: M15000064803

3. Jurisdiction of its organization: Delaware

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

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

5. New name of the limited liability company: Fainvay Cypress IV 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 EAST KENNEDY OWNER, L.L.C.". CHANGING ITS NAME FROM "AG-EREP EAST KENNEDY OWNER, L.L.C." TO "FAIRWAY EAST KENNEDY OWNER, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2019, AT 4:39 O'CLOCK P.M.



5933419 8100  
SR# 20198067001

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203998208  
Date: 11-13-19

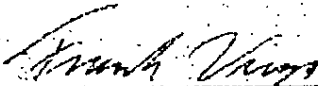
State of Delaware  
Secretary of State  
Division of Corporations  
Delivered: 04:39 PM 11/13/2019  
FILED: 04:39 PM 11/13/2019  
SR 2019067001 - File Number 5933419

CERTIFICATE OF AMENDMENT  
of the  
CERTIFICATE OF FORMATION  
of  
AG-EREP EAST KENNEDY OWNER, 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 East Kennedy Owner, 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 January 11<sup>th</sup>, 2016.
- 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 EAST KENNEDY OWNER, LLC"

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

  
\_\_\_\_\_  
Frank Virga  
Authorized Person