



Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : COMPUTERSHARE  
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Phone : (561)694-8107  
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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.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
T-C THE MANOR AT FLAGLER VILLAGE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
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T. LEMIEUX

MAY 17 2024

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2024 MAY 16 PM 1:03

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAY 16 PM 3:02

FILED

# 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: T-C THE MANOR AT FLAGLER VILLAGE LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

18851 NE 29th Ave, Suite 1000

Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

18851 NE 29th Ave, Suite 1000

Aventura, FL 33180

2. The Florida document number of this limited liability company is: M15000005210

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/02/2015

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

5. New name of the limited liability company:

(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: Corporate Creations Network Inc.

New Registered Office Address: 801 US Highway 1

Enter Florida Street Address

North Palm Beach

City

Florida 33408

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.*

/s/ Caitlin Lazarus

Caitlin Lazarus, Special Secretary

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>
Please see attached	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Add
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	_____	_____	<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.

/s/ Caitlin Lazarus

Signature of the authorized representative

Caitlin Lazarus, Attorney-in-Fact

Typed or printed name of signee

T-C THE MANOR AT FLAGLER VILLAGE LLC

**Remove the following:**

Title Authorized Member

Teachers Insurance and Annuity Association of America  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

RAMOS, JANET  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

COHEN, DONNA  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

CORNUKE, JOHN  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

JOSEPH, JILLIAN  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

MILLER, NANCY  
575 LEXINTON AVE  
NEW YORK, NY 10022

Title Authorized Representative

MILLER, WILLIAM  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

ROLLINS, TODD  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

WEINDLING , FRANCESCA  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Signer

Burneo, Carlos  
501 Brickell Key Drive  
Suite 504  
Miami, FL 33131

Title Authorized Signer

Namkoong, Taeuk  
1 Financial Plaza  
Suite 1950  
Hartford, CT 06103

Title Authorized Representative

BOAN, RYAN  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

CHAPERON, JULIEN  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

RICHARD, ALPHIE J.  
1 FINANCIAL PLAZA

Title Authorized Representative

NEGRON, PATRICIA  
730 THIRD AVENUE  
12TH FL  
NEW YORK, NY 10017

Title Secretary

AGARD, WAYNE  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title Authorized Representative

INOA-MONJE, CAROLYN  
730 THIRD AVENUE  
NEW YORK, NY 10017

Title AUTHORIZED SIGNER

PFLAUM, LAURY  
14055 RIVEREDGE DRIVE  
SUITE 320  
TAMPA, FL 33637

**Add the following:**

Title: Manager

Cardone Manor Member, LLC

18851 NE 29th Ave, Suite 1000

Aventura, FL 33180