

Division of Corporations

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6/17/251
M1600000874
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6333

From:

Account Name : GREENBERG TRAUER (ORLANDO)
Account Number : 103731001374
Phone : (407) 418-2435
Fax Number : (407) 420-5909

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

Email Address: Irvingh@gtiaa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
5333 COLLINS UNIT 1, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

Resubmittal
w/
DE attachment

RECEIVED
2017 JUN 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help SIMMONS

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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 liability Company as it appears on the records of the Florida Department of

State: 5333 Collins Unit I, LLC

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: M160000008743. Jurisdiction of its organization: Delaware4. Date authorized to do business in Florida: February 2, 2016

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

5. New name of the limited liability company: 5333 Collins Unit 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

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FILED
17 JUN 15 AM 11:14
DIVISION OF CORPORATIONS

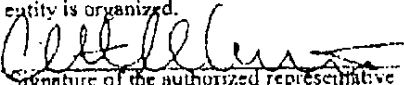
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ 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.



Signature of the authorized representative

Christina Cuervo, Manager

Typed or printed name of signee

Filing Fee: \$25.00

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DIVISION OF CORPORATIONS

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Delaware

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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 "5333 COLLINS UNIT I,
LLC", CHANGING ITS NAME FROM "5333 COLLINS UNIT I, LLC" TO
"5333 COLLINS UNIT OWNER, LLC", FILED IN THIS OFFICE ON THE
EIGHTH DAY OF JUNE, A.D. 2017, AT 7:44 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5943539 8100
SR# 20174670425

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

Authentication: 202692894
Date: 06-12-17

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State of Delaware
Secretary of State
Division of Corporations
Delivered: 07:43 PM 06/08/2017
FILED: 07:44 PM 06/08/2017
SR 10174670425 - File Number: 5943539

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company:

5333 COLLINS UNIT I, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Article FIRST is deleted in its entirety and replaced with the following:

"FIRST: The name of the limited liability company is

5333 COLLINS UNIT OWNER, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 7th day of June, 2017.

/s/ Christina Cuervo
Christina Cuervo, Authorized Person

ORL 289571440v1

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