

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.**

((H18000090578 3)))



H180000905783AEC5

**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)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**\*\*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  
BALTIC TRAIL FACILITIES MANAGEMENT, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

RECEIVED  
2018 MAR 27 PM 4:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. LEGGETT  
MAR 28 2018

Electronic Filing Menu

Corporate Filing Menu

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: Baltic Trail Facilities Management, 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: M16000006260

3. Jurisdiction of its organization: MASSACHUSETTS

4. Date authorized to do business in Florida: 08/05/2016

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

5. New name of the limited liability company: CITY BUILDING AND ENGINEERING SERVICES, 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

18-03-27 AM 11:07

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

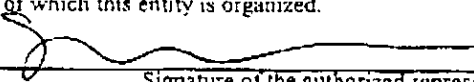
\_\_\_\_\_

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>           |
|-----------------------|-------------|----------------|---------------------------------|
| _____                 | _____       | _____          | <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 |
| _____                 | _____       | _____          | <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.

  
 \_\_\_\_\_  
 Signature of the authorized representative

SAVANNAH MONTALBAN, ATTORNEY-IN-FACT

\_\_\_\_\_  
 Typed or printed name of signee

Filing Fee: \$25.00

18 MAR 27 AM 11:07



March 22, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BALTIC TRAIL FACILITIES MANAGEMENT, LLC  
77 S. BEDFORD STREET, SUITE 350  
BURLINGTON, MA 01803US

SUBJECT: BALTIC TRAIL FACILITIES MANAGEMENT, LLC  
REF: M16000006260

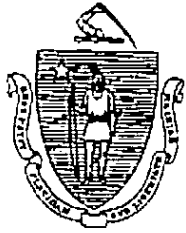
We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any further questions concerning your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H18000090578  
Letter Number: 218A00005759



William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

March 14, 2018

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

**CITY BUILDING AND ENGINEERING SERVICES, LLC**

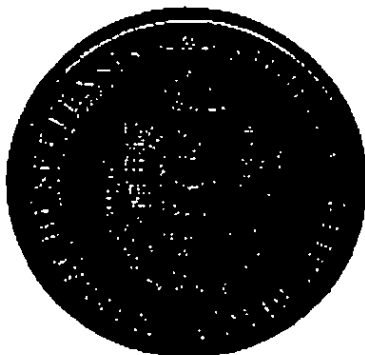
in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 8, 2016.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **CITY NORTHEAST FACILITIES MANAGEMENT LLC**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **CITY NORTHEAST FACILITIES MANAGEMENT LLC**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **CITY NORTHEAST FACILITIES MANAGEMENT LLC**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth