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Florida Department of State
Division of Corporations
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To: Division of Corporations
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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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PLD USLV POMPANO IC LLC

Certificate of Status	0
Certified Copy	1
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JUL 19 2021

A. LUNT

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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: PLD USLV Pompano IC LLC

Enter new principal office address, if applicable: 518 17th Street Suite 518

(Principal office address)
MUST BE A STREET ADDRESS

Denver CO 80202

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

518 17th Street Suite 518

Denver CO 80202

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2. The Florida document number of this limited liability company is: M16000006865

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 8-25-2016

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

5. New name of the limited liability company: BCI IV Pompano IC 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

City

Florida

33324

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

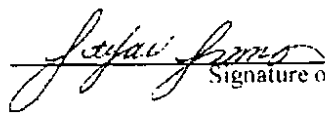
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
VP	Stefanie Sommers	518 17th Street Suite 1700 Denver CO 80202	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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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

Stefanie Sommers

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 THAT THE SAID "PLD USLV POMPANO IC LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BCI IV POMPANO IC LLC" ON THE FOURTEENTH DAY OF JULY, A.D. 2021, AT 7:42 O`CLOCK P.M.

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Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

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