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(Re	equestor's Name)	······································
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: September 19, 2016 ORDER TIME : 11:17 AM ORDER NO. : 295894-010 CUSTOMER NO: 7814304 FOREIGN FILINGS NAME: CH RETAIL FUND I/FT. LAUDERDALE UNIVERSITY PLAZA, L.L.C. CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

Division of Corporations			
SUBJECT: CH RETAIL FUND I/FT. LAU	DERDALE U	NIVERS	ITY PLAZA, L.L.C.
Name of Forcig	n Limited Liabi	ility Comp	pany
Dear Sir or Madam:			
The enclosed application, certificate and fee(s)	are submitted fo	or filing.	
Please return all correspondence concerning this	s matter to the f	`ollowing:	
Denise Cottle			
Name of Person			
Crow Holdings Capital Pa	rtners		
Firm/Company			
3819 Maple Avenue)		
Address			
Dallas, Texas 75219	9		
City/State and Zip Code			
dcottle@crowholdings.com			
E-mail address: (to be used for future annual	report notification	on)	
For further information concerning this matter, p	olease call:		
Diane Nance	at (214)	66	1-8143
Name of Person	Area Code &	& Daytim	e Telephone Number
STREET/COURIER ADDRESS:			NG ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahas	ssee, Florida 32314
Enclosed is a check for the following amount: \$25 Filing Fee \$\sum \$30 Filing Fee &	S55 Filing	g Fee &	☐ \$60 Filing Fec,
Certificate of Status	Certified		Certificate of Status & Certified Copy

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	s on the records of the Florida Department of		
State: CH Retail Fund I/Ft. Lauder	dale University Plaza, L.L.C.		
Enter new principal office address, if applicable:	3819 Maple Avenue		r.s
(Principal office address MUST BE A STREET ADDRESS)	Dallas, Texas 75219	250 250 250 250	1-3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		STELL TRIDA	A 8: 55
2. The Florida document number of this limited lia	bility company is: M1600007049		··············
3. Jurisdiction of its organization: Delawa 4. Date authorized to do business in Florida: S	are September 6, 2016		
SECTION II (5-9 complete only the applicable of	changes)		
CH Retail Fund I/Ft. Lauderdale U (If name unavailable, enter alternate name adopted copy of the written consent of the managers or man	for the purpose of transacting business in Flo	orida and a	ttach a
must contain "Limited Liability Company," "L.L.C 6. If amending the registered agent and/or registere registered agent and/or the new registered office ad Name of New Registered Agent:	d officer address on our records, enter the nated dress here:		<u>new</u>
New Registered Office Address:	Enter Florida Street Addre		
	71	.53	
	City , Florida	Zip Cod	е
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	it and agree to act in this capacity. I further a and complete performance of my duties, and i ered agent as provided for in Chapter 605, F., in the registered office address, I hereby conf	l am famil. S. Or, if th	iar with is

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:			
itle/ Capacity	<u>Name</u>	Address	Type of Action
			Remove
			Add
			Remove
			DAdd
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
			Remove
			Add
			Remove
Attached is a certifi aforementioned am jurisdiction under the		e official having custody of records in the CH Retail Fund I/A. Lawledd By: Redail Managers 1, LC., 145 Mauthorized representative y, Vice President name of signee : \$25.00	All Universal Plaza, Pl

Delaware

Page 1

The First State

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 "CH RETAIL FUND I/FT. LAUDERDALE UNIVERSITY PLAZA, L.L.C.", CHANGING ITS NAME FROM "CH RETAIL FUND I/FT. LAUDERDALE UNIVERSITY PLAZA, L.L.C." TO "CH RETAIL FUND I/FT. LAUDERDALE UNIVERSAL PLAZA, L.L.C.", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2016, AT 3:24 O'CLOCK P.M.

Authentication: 203018469

Date: 09-19-16

6140192 8100 SR# 20165842255

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Nam	of Limited Liability Company: CH RELATI Fund 1/FC.
Lau	erdale University Plaza, L.L.C.
The	ertificate of Formation of the limited liability company is hereby amer
as fol	ows:
lia	first article referencing the name of the limit ility company needs to be amended to the owing:
for	F: The name of the limited liability company ed is CH Retail Fund I/Ft. Lauderdale Universal a, L.L.C.
	TNESS WHEREOF, the undersigned have executed this Certificate of September, A.D. 2016.
the _	day of Jepter Usy , A.D. auto.
	A Committee of the comm
	D. C.
	By: Y Authorized Person