M16000009785

Office Use Only



000399112430



ECRETARY OF ST

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 |
|---|
| REFERENCE : 1889016 7934621 |
| AUTHORIZATION : |
| COST LIMIT : \$ 25.00 |
| ORDER DATE : January 20, 2023 |
| ORDER TIME : 10:15 AM |
| ORDER NO. : 389016-010 |
| CUSTOMER NO: 7934621 |
| |
| FOREIGN FILINGS |
| NAME: 8000 WEST SUNRISE LOT D, LLC |
| CORPORATE LIMITED PARTNERSHIP 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: Alexxis Weiland -- EXT#

ť →

COVER LETTER

| TO: | _ | | Section Corporations | | | |
|-----------------|---------|----------|------------------------------|-------------------|------------|--|
| SUBJE | ECT: | 8000 \ | West Sunrise Lot D, LLC | | | |
| | | | Name of Forei | ign Limited Lia | bility Co | mpany |
| Dear S | ir or N | 4adam: | | | | |
| The en | elosec | l applic | ation, certificate and fee(s | s) are submitted | for filing | g. |
| Please | return | all cor | respondence concerning t | his matter to th | e followi | ng: |
| Seth B | erliner | | | | | |
| | | | Name of Person | | _ | |
| Selig L | aw Fir | m | | | | |
| | | | Firm/Company | | | |
| 150 N I | Rivers | ide Pla | za Suite 1810 | | | |
| | | | Address | | | |
| Chicag | o, IL 6 | 0606 | | | | |
| _ | | | City/State and Zip Coo | de | _ | |
| sberline | er@se | liglegal | .com | | | |
| E-ma | ail ado | dress: (| o be used for future annua | al report notific | ation) | |
| For furt | ther in | ıformat | ion concerning this matter | r, please call: | | |
| Seth Be | erliner | | | 773 at (| 255-2 | 2512 |
| | | Nan | ie of Person | Area Cod | le & Dayt | time Telephone Number |
| | | ng Addr | | | Street A | |
| | _ | | Section | | _ | ration Section |
| | | | Corporations | | | on of Corporations |
| | | Box 63 | | | | entre of Tallahassee |
| | Talla | hassee | , FL 32314 | | | I. Monroe Street, Suite 810 assee, FL 32303 |
| | Encl | osed is | a check for the following | g amount: | | |
| ■\$ 25 I | Filing | Fee | □ \$30 Filing Fee & | 🔲 \$55 Filing | g Fee & | □ \$60 Filing Fee, |
| | | | Certificate of Status | Centified | Copy | 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)

| 6. If amending the registered agent and/or registered registered agent and/or the new registered office advante of New Registered Agent: New Registered Office Address: | dress here: Enter Florida Street : | |
|--|---|--|
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office advante of New Registered Agent: | dress here: | |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office advante of New Registered Agent: | dress here: | |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office ad- | d officer address on our records, enter the dress here: | ne name of the new |
| 6. If amending the registered agent and/or registered | d officer address on our records, <u>enter the</u> dress here: | ne name of the new |
| | | |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C | aging members adopting the alternate n | n Florida and attach a ame. The alternate name |
| 5. New name of the limited liability company: 80 | | "L.L.C" or "LLC.") |
| SECTION II (5-9 complete only the applicable c | | |
| Jurisdiction of its organization: Date authorized to do business in Florida: 12/7/ | | |
| Jurisdiction of its organization: Delaware | | |
| 2. The Florida document number of this limited liab | bility company is: M16000009785 | |
| (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>) | | W 8: |
| Enter new mailing address, if applicable: | | Z023 JAN 2: SECRETAR |
| (Principal office address MUST BE A STREET ADDRESS) | | Z023 |
| Enter new principal office address. If applicable. | | |
| Enter new principal office address, if applicable: | | |
| State: 8000 West Sunrise Lot D, LLC Enter new principal office address, if applicables | | |

| tle/ Capacity | <u>Name</u> | <u>Address</u> | Type of Action |
|------------------|---|---------------------------------------|-------------------------------------|
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| Attachad is a co | ertificate, if required: no more than 90 | days ald avidancing the | Remov |
| aforementioned | d amendment(s), duly authenticated by the law of which this entity is organ | the official having custody of record | |
| | Seth Berliner | the authorized representative | 2023 JAN 23 SECRETARY TALLAHA |

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "8000 WEST SUNRISE LOT

D, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

"8000 WEST SUNRISE LOT D-1, LLC" ON THE TWENTIETH DAY OF

JANUARY, A.D. 2023, AT 5 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.



Authentication: 202547891

Date: 01-23-23