# 141700001848

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(Address)	
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PICK-UP	WAIT MAIL
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(Documen	Number)
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DEPARTMENT OF STAR

APR 1 2 2017
Y SULKER

### FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

4/11/17

NAME:

NORTH BEACH TOWN CENTER DEVELOPMENT, LLC

abbie Hedge

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

### **COVER LETTER**

TO: Registration Section

Division of Corporations	
Out. Tin A (2) And A	
SUBJECT: OLINEIRA PLAZA A Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	re submitted for filing.
Please return all correspondence concerning this	_
	manuel to me tono mang.
Nicholas Bialota	
Name of Person	
Paracorp Incorporated	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
2140 South Dupont Highway	
Address	
Canadan Dalawaya 10021	
Camden, Delaware 19934	
City/State and Zip Code	
bwood@pacificstarcapital.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, p	lease cali:
0 ,	at (310 ) 444-7770 X104
Name of Person	Area Code & Daytime Telephone Number
Name of Federal	Area code & Baytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee & \$60 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
CR2E055 (9/15)	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	on the records of the Florida Dep	artment of
State: OLIVEIRA PLAZA ASSOC	CIATES, LLC	
Enter new principal office address, if applicable:	N/A-	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A-	17
2. The Florida document number of this limited liab	oility company is: M17000	001848 = 3
3. Jurisdiction of its organization: DELAW	4.eE	
4. Date authorized to do business in Florida:	4RCH 3, 2017	
SECTION II (5-9 complete only the applicable cl	hanges)	증. <b>5</b>
5. New name of the limited liability company: No (must	RTH BEACH TOWN CEN contain "Limited Liability Compa	TER DEVELOPMENT, LU my, ""L.L.C.," or "LLC.")
(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 alter	
6. If amending the registered agent and/or registered registered agent and/or the new registered office addressed agent and/or the new registered agent and/or the new registered agent agent and/or the new registered agent agen		nter the name of the new
Name of New Registered Agent:	NA	
	JA	
	Enter Florida S	treet Address
<del></del>	City	, Florida
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change is ltability company has been notified in writing of this	istered Agent: t and agree to act in this capacity and complete performance of my o red agent as provided for in Chap n the registered office address, I h	duties, and I am familiar with oter 605, F.S. Or, if this

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
e/ Capacity	<u>Name</u>	Address	Type of Action	
<del></del>			Add	
			Remov	
	<del></del>		DbA⊡	
			Remov	
			Add_7	
			Remove	
			Add Remove	
			Add	
			Remove	
iforementioned am	cate, if required: no more than 90 da endment(s), duly authenticated by th ne law of which this entity is organiz	e official having custody of reco	rds in the	
	Signature of the	authorized representative		

Filing Fee: \$25.00

<u>Delaware</u>

The First State

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 "OLIVEIRA PLAZA
ASSOCIATES, LLC", CHANGING ITS NAME FROM "OLIVEIRA PLAZA
ASSOCIATES, LLC" TO "NORTH BEACH TOWN CENTER DEVELOPMENT, LLC",
FILED IN THIS OFFICE ON THE SEVENTH DAY OF APRIL, A.D. 2017, AT
1:57 O'CLOCK P.M.



Authentication: 202345578

Date: 04-07-17

4273809 8100 SR# 20172354883

## CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:57 PM 04/07/2017
FILED 01:57 PM 04/07/2017
SR 20172354883 - File Number 4273809

OF

### OLIVEIRA PLAZA ASSOCIATES, LLC (a Delaware limited liability company)

The name of the Limited Liability Company is Oliveira Plaza Associates, LLC (the "Company").

The Certificate of Formation of the Company is hereby amended as follows:

The name of the limited liability company is North Beach Town Center Development, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation as of the 7<sup>th</sup> day of March, 2017.

Name: BRETT C. WOOD

Title: AUTHORIZED DERES