

MI7000003879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

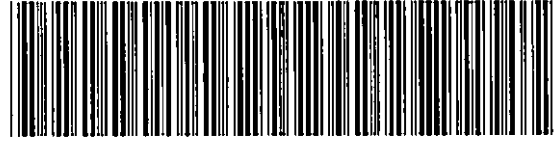
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700420787107

RECEIVED
JAN 30 AM 9:35
STATE
ALABAMA, FL

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2024 JAN 30 PM 3:28
ALABAMA, FL

R. HUNT
01/30/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 01/30/24
Order #: 1387876-3
Re: Tricera St. Pete GP LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Supporting Documents

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195 Authorization:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the word "Authorization:".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

RECEIVED
STATE
JAN 31 2024
AM 9:55
20

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: Tricera St. Pete GP LLC

Enter new principal office address, if applicable:

2601 S. Bayshore Drive

(Principal office address

Suite 1450

MUST BE A STREET ADDRESS)

Miami, FL 33133

Enter new mailing address, if applicable:

2601 S. Bayshore Drive

(Mailing address

Suite 1450

MAY BE A POST OFFICE BOX)

Miami, FL 33133

2. The Florida document number of this limited liability company is: M17000003879

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 27, 2017

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

5. New name of the limited liability company: Torose St. Pete GP 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

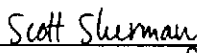
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
<u>MGR</u>	<u>Scott Sherman</u>	<u>2601 S. Bayshore Drive, Suite 1450</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33133</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Benjamin Mandell</u>	<u>80 SW 8th St., Suite 2100</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33130</u>	<input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

AM 8:35
STATE
RECEIVED

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.

DocuSigned by:

 05714554AEF548A Signature of the authorized representative

Scott Sherman

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 "TRICERA ST. PETE GP LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "TOROSE ST. PETE GP LLC" ON THE TWELFTH DAY OF JANUARY, A.D. 2024, AT 12:34 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.

2024 JAN 12 AM 9:35
OFFICE OF THE SECRETARY OF STATE
DOVER, DE




Jeffrey W. Bullock, Secretary of State

6393299 8320
SR# 20240174874

Authentication: 202625004
Date: 01-19-24

You may verify this certificate online at corp.delaware.gov/authver.shtml