

10/24/22, 2:19 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M17 000006875

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000364179 3)))



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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 CHERRYWOOD POINTE INVESTMENT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

C. BRUMBLEY

OCT 25 2022

FILED

2022 OCT 24 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 24 PM 3:33

Electronic Filing Menu

Corporate Filing Menu

Help

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: Cherrywood Pointe Investment LLC

Enter new principal office address, if applicable: 250 Nicollet Mall, Suite 500

(Principal office address
MUST BE A STREET ADDRESS)

Minneapolis, MN 55401

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

250 Nicollet Mall, Suite 500

Minneapolis, MN 55401

2. The Florida document number of this limited liability company is: M17000006875

3. Jurisdiction of its organization: Minnesota

4. Date authorized to do business in Florida: 08/10/2017

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

5. New name of the limited liability company: Amira Investment LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

Amira Investment MN 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

City, Florida 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

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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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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.

Eric Skalland

For Signature Only (10/11/2022) 05576772

Signature of the authorized representative

Eric J. Skalland

Typed or printed name of signee

Filing Fee: \$25.00

Office of the Minnesota Secretary of State Certification of Record

I, Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

Filing(s) filed on:

<u>Filing Date</u>	<u>Filing Type</u>	<u>Filing Number</u>
11/23/2021	Amendment - Limited Liability Company (Domestic)	1272974000085

This certificate has been issued on: 10/21/2022



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota



**CERTIFICATE OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
CHERRYWOOD POINTE INVESTMENT LLC**

Cherrywood Pointe Investment LLC, a limited liability company duly organized and existing under the Minnesota Revised Uniform Limited Liability Company Act (the "*Company*"), does hereby certify that:

FIRST: The name of the Company is Cherrywood Pointe Investment LLC.

SECOND: The following amendment to the Company's current Articles of Organization was adopted in accordance with Section 322C of the Minnesota Statutes.

THIRD: The first Article of the Articles of Organization of the Company is hereby replaced in its entirety with the following:

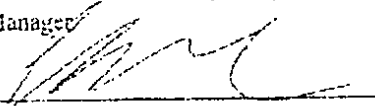
"The name of this Company is "Amira Investment LLC"."

FOURTH: The foregoing name change will be effective as of November 30, 2021, at 12:01 a.m.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment this
11th day of November, 2021.

CHERRYWOOD POINTE INVESTMENT LLC

By: United Properties Investment LLC,
a Minnesota limited liability company
Its: Manager


Name: Eric Skalland

Title: Chief Financial Officer and
Executive Vice President, Capital Markets



Work Item 1272974000085
Original File Number 891196100021

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
11/23/2021 11:59 PM

A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State