M17000010490

(Red	uestor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bus	siness Entity Name)
! (Doc	cument Number)	·
Certified Copies	Certificates o	f Status
-Special Instructions to F	Iling Officer	
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	Office Use Only	
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2024 JUN 20 PH 2:

RECEIVED

13. HUNT Cle/20/24

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 6/20/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1266025

ORDER ENTITY

CA/PENINSULA FIU PROPERTY OWNER, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: CAPENINSULA FIU PROPERTY OWNER, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, June 20, 2024 Page 1 of 1

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	CA Peninsula FIU Property Owner, L	LC		
	Name of Foreig	n Limited Lia	ability Co	mpany
Dear S	ir or Madam:			
The en-	closed application, certificate and fee(s)	are submitted	l for filing	<u>.</u>
Please	return all correspondence concerning th	is matter to th	ie followi	ng:
Michae	l Merola			
	Name of Person		_	,
Article	Student Living			
	Firm/Company			:
311 N (breen St. Suite 850			·
	Address			
Chicago	o, IL 60607			
	City/State and Zip Code	:		
mmerol	a(a articlestudentliving.com			
E-ma	ail address: (to be used for future annual	report notific	zation)	
For fur	ther information concerning this matter.	please call:		
Robert	_	404 at (572-3	105
	Name of Person	Area Coo	le & Day	time Telephone Number
	Maiting Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Division The Control 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303
□\$25 CR2F055	Enclosed is a check for the following Filing Fee \$\Boxed{\text{Certificate of Status}}\$	amount: □ \$55 Filin Certified	_	☐ \$60 Filing Fee. 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 appear	rs on the records of the Florida l	Department of		
State: CA/Peninsula FIU Property Owner, LLC				
Enter new principal office address, if applicable: (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	311 N Green St. Suite 850			
	Chicago, IL 60607			
Enter new mailing address, if applicable:	311 N Green St, Suite 850			
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BON</u>)	Chicago, II. 60607	· .		
2. The Florida document number of this limited lia	ability company is: M17000010	490		
3. Jurisdiction of its organization: Delaware		: 		
Jurisdiction of its organization: Delaware Date authorized to do business in Florida: December 12, 2017		ု ထိ		
SECTION II (5-9 complete only the applicable				
5. New name of the limited liability company: A (mus	rticle FIU Property Owner, LLC st contain "Limited Liability Co	mpany, ""llC" or "Ll.C.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mainust contain "Limited Liability Company," "L.L.	I for the purpose of transacting maging members adopting the a C." or "LLC.")	business in Florida and attach a Iternate name. The alternate name		
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed officer address on our record ddress here:	ls, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Floria			
	Enter Plorid			
	City	Florida		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capa and complete performance of t tered agent as provided for in (in the registered office address	ny duties, and Lam familiar with Trapter 605, F.S. Or, it this		

tle Capacity	<u>Name</u>	<u>Address</u>	Type of Action
GR	CA Student Living FIU, LLC	130 E. Randolph Street, Suite 2100	
		Chicago, II. 60601	≘ Rem
AP (Cheng Chen	130 E. Randolph Street, Suite 2100	≘ Add
		Chicago, IL 60601	
····]Add
			□Rem
			[ĐAdd
			' (
		90 days old, evidencing the	

Filing Fee: \$25.00

Typed or printed name of signee

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'CA/PENINSULA FIU

PROPERTY OWNER, LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO 'ARTICLE FIU PROPERTY OWNER, LLC' ON THE SEVENTEENTH

DAY OF JUNE, A.D. 2024, AT 2:18 O'CLOCK P.M.

Authentication: 203755102

Date: 06-20-24