Pivision of Corporations

Florida Department of State

Division of Europarations

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To:

Division of Corporations

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Fax Number : (718)732-4580

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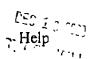
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-WL BLACKWATER 1 LLC

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Corporate Filing Menu



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fax reference H20000428188 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	WL BLACKWATER I LLC					
	Name of Foreign Limited Liability Company					
Dear Sir or M	 adam: 					
The enclosed	application, certificate and fee(s)	are submitted for filin	g.			
Please return	all correspondence concerning th	is matter to the followi	ng:			
	Name of Person					
FILE RIGHT I	<u> </u>					
	Firm/Company					
5314 16TH A\	/ENUE, SUITE 139					
	Address					
BROOKLYN,	NY 11204					
	City/State and Zip Coo	ie				
_	EACORP.COM	land and Continue				
E-mail add	ress: (to be used for future annua	n report notification)				
For further in	nformation concerning this matter	r, please call:				
SARA		at (718) 878-				
	Name of Person		rtime Telephone Number			
	ng Address:		Address:			
	stration Section		Registration Section Division of Corporations			
	sion of Corporations		Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	osed is a check for the following					
■\$25 Filing	Fee \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy			
CR2E055 (9/15))	2	.,			

fax reference H20000428188 3

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)

State: DELAWARE	on the records of the Florida Depart	unent of		
Enter new principal office address, if applicable:	4403 LSTH AVENUE, SUITE 192		<u></u>	
(Principal office address MUST BE A STREET ADDRESS)	BROOKLYN, NY 11219			
Enter new mailing address, if applicable:	4403 15TH AVENUE, SUITE 192	···		
(Mailing address MAY BE A POST OFFICE BOX)	BROOKLYN, NY 11219	12 22 23 24	20	
		<u> </u>	<u> </u>	t
2. The Florida document number of this limited lia	ability company is: M18000000836	; ;,		 ~~:
3. Jurisdiction of its organization: DELAWARE		•• •	<u> </u>	Ü
4. Date authorized to do business in Florida: 01/2			, ထ	
SECTION II (5-9 complete only the applicable 5. New name of the limited liability company:			. <u> </u>	_
i (mus	st contain "Limited Liability Compar	1y, " "L.L.C.,"	" OT "LLL.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers of manust contain "Limited Liability Company," "L.L.	d for the purpose of transacting busing members adopting the altern C." or "LLC.")	ness in Plorida ate name. The	and attach alternate n	a
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register registered agent and/or the new registered office a	d for the purpose of transacting busin anaging members adopting the altern C." or "LLC.") red officer address on our records, graddress here:	ness in Plorida ate name. The	and attach alternate n	a
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register registered agent and/or the new registered office a Name of New Registered Agent: BUSINESS FILE	d for the purpose of transacting busing the altern C." or "LLC.") red officer address on our records, enaddress here: LINGS INCORPORATED	ness in Plorida ate name. The	and attach alternate n	a
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register registered agent and/or the new registered office a Name of New Registered Agent: BUSINESS FILE	d for the purpose of transacting busin anaging members adopting the altern C." or "LLC.") red officer address on our records, graddress here:	ness in Florida ate name. The ater the name	and attach alternate n	a
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address: 1200 SOUTH F	d for the purpose of transacting busing the altern C." or "LLC.") red officer address on our records, graddress here: LINGS INCORPORATED PINE ISLAND ROAD Enter Florida So	ness in Florida ate name. The ater the name	and attach alternate n	a
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address: 1200 SOUTH F	d for the purpose of transacting busing the altern C." or "LLC.") red officer address on our records, graddress here: LINGS INCORPORATED PINE ISLAND ROAD Enter Florida So	ness in Florida ate name. The ater the name	and attach alternate n	a

Louin Caute O Cest Soc. Buriness Filings Incorporated
If Changing Roustered Agent, Signature of New Registered Agent

Tc: 18506176383	• • • • i	Page: 5 of 5	2020-12-15 18:14:0	4 GMT	17187959036
fax		H20000428188 3 dment changes the jurisd	iction of organization, in	dicate new jurisdiction	:
	8. If the amen	dment changes person, tit	le or capacity in accordan	ice with 605.0902 (1)(e)), indicate that change:
	Title/ Capacity	Name		Address	Type of Action
	AP	Magic Real Estate Part	ners LLC 105	W MADISON SUITE	500 □Add
			СН	ICAGO, IL 60602	≅Remove
	MGR	MENDEL STEINER	440	3 15TH AVENUE, SUI	TE 192 ■Add
			BR	OOKLYN, NY 11219	□Remove
					DAdd
					□Remove
					□Remove
					□Add
	aforementi	s a certificate, if required oned amendment(s), duly n under the law of which	authenticated by the of	ld, evidencing the ficial having custody o	□Remove
	•		rk Fuchs	Laired annual trains	
		MARK FUC	•	horized representative	
			Typed or printed nar	me of signee	
			Filing Fee: S	25.00	