

Division of Corporations

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m1800000836

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FILE RIGHT LLC
Account Number : 120170000091
Phone : (718) 878-5811
Fax Number : (718) 732-4580

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

Email Address: sales@fileacorp.com

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

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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Help

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 Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVENUE, SUITE 139

Address

BROOKLYN, NY 11204

City/State and Zip Code

SALES@FILEACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARA

at (718) 878-5811

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**Street Address:**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**Enclosed is a check for the following amount:**☒ \$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)

fax reference H20000428188 3

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DELAWARE

Enter new principal office address, if applicable: 4403 15TH AVENUE, SUITE 192

(Principal office address
MUST BE A STREET ADDRESS)

BROOKLYN, NY 11219

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

4403 15TH AVENUE, SUITE 192

BROOKLYN, NY 11219

2. The Florida document number of this limited liability company is: M18000000836

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 01/22/2018

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

5. New name of the limited liability company: _____
(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: BUSINESS FILINGS INCORPORATED

New Registered Office Address: 1200 SOUTH PINE ISLAND ROAD

Enter Florida Street Address

PLANTATION

City

Florida 33326

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.

Adam Pauloff Asst Sec Business Filings Incorporated
If Changing Registered Agent, Signature of New Registered Agent

fax reference H20000428188 3

fax reference H20000428188 3

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>
AP	Magic Real Estate Partners LLC	105 W MADISON SUITE 500	<input type="checkbox"/> Add
		CHICAGO, IL 60602	<input checked="" type="checkbox"/> Remove
MGR	MENDEL STEINER	4403 15TH AVENUE, SUITE 192	<input checked="" type="checkbox"/> Add
		BROOKLYN, NY 11219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.

/s/ Mark Fuchs

Signature of the authorized representative

MARK FUCHS

Typed or printed name of signee

Filing Fee: \$25.00

fax reference H20000428188 3