

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000158060 3)))



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

From: Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (561) 483-7000
Fax Number : (561) 483-7321

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

Email Address: tpeterson@altmancos.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ALTIS LUDLAM - MIAMI, LLC

Certificate of Status	0
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Corporate Filing Menu

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2018 MAY 22 PM 4:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
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2018 MAY 22 AM 4:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Fax Audit No. H18000158060 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: ALTIS LUDLAM - MIAMI, LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M18000002864

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MARCH 23, 2018

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

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

(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," "LLC," or "L.L.C.")

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: BCRA, LLC

New Registered Office Address: 7777 GLADES ROAD, SUITE 300

Enter Florida Street Address

BOCA RATON, Florida 33434

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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2018 MAY 21 PM 5:03

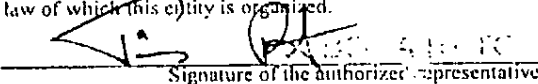
Fax Audit No. H18000158060 3

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	THE CAPORAL GROUP, LLC	1401 BRICKELL AVENUE, SUITE 530	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	ALTIS LUDLAM - MIAMI CAPITAL, LLC	1515 S. FEDERAL HIGHWAY, SUITE 300	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" 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.


Signature of the authorized representative

TIMOTHY A. PETERSON

Typed or printed name of signee

Filing Fee: \$25.00

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2018 MAY 22 PM 05:08
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CLERK OF CIRCUIT COURT
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