

MIS000003665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

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2023 JUL 31 PM 3:36

CLERK

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2023 JUL 31 PM 3:22

CLERK OF SUPERIOR COURT
ALACHUA COUNTY, FLORIDA

RECEIVED

R. HUNT

07/31/23

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 911208 4300123

AUTHORIZATION :

COST LIMIT : *\$25.00*

ORDER DATE : July 31, 2023

ORDER TIME : 2:55 PM

ORDER NO. : 911208-005

CUSTOMER NO: 4300123

FOREIGN FILINGS

NAME: BREIT MF KNIGHTSBRIDGE
OWNER LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

FILED
2023 JUL 31 PM 2:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MF KNIGHTSBRIDGE OWNER 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:

Peter Calatozzo

Name of Person

Journey Capital

Firm/Company

11 East 44th Street, Suite 503

Address

New York, NY 10017

City/State and Zip Code

pcalatozzo@journeycapre.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
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)

FILED
2023 JUN 01 PM 3:36
TALLAHASSEE
FL

**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: BREIT MF KNIGHTSBRIDGE OWNER LLC

Enter new principal office address, if applicable: c/o Journey Capital

(Principal office address

MUST BE A STREET ADDRESS)

11 East 44th Street, Suite 503

New York, New York 10017

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

c/o Journey Capital

11 East 44th Street, Suite 503

New York, New York 10017

2. The Florida document number of this limited liability company is: M18000003665

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/16/2018

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

5. New name of the limited liability company: MF KNIGHTSBRIDGE OWNER LLC
(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:

New Registered Office Address:

Enter Florida Street Address

. Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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:

Remove all current Authorized Persons and add the following new Authorized Person

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|--------------------------------|--------------------------------|--|
| | all current Authorized Persons | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| Member | Parkville Journey LLC | 11 East 44th Street, Suite 503 | <input checked="" type="checkbox"/> Add |
| | | New York, NY 10017 | <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/ Peter Calatozzo

Signature of the authorized representative

Peter Calatozzo

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BREIT MF KNIGHTSBRIDGE OWNER LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MF KNIGHTSBRIDGE OWNER LLC" ON THE THIRTY-FIRST DAY OF JULY, A.D. 2023, AT 9:51 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

FILED
2023 JUL 31 PM 3:36
DELAWARE SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

6843652 8320
SR# 20233122276

Authentication: 203857603
Date: 07-31-23

You may verify this certificate online at corp.delaware.gov/authver.shtml