

M1800000555

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 : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MCDOWELL HOUSING PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

V SILVER

OCT 05 2020

# 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: MCDOWELL HOUSING PARTNERS, LLC

Enter new principal office address, if applicable: 601 Brickell Key Drive, Suite 700

(Principal office address  
MUST BE A STREET ADDRESS)

Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

601 Brickell Key Drive, Suite 700

Miami, FL 33131

2. The Florida document number of this limited liability company is: M18000005555

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/13/2018

## 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: \_\_\_\_\_

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.*

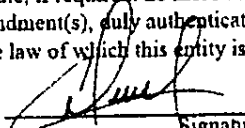
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	W. PATRICK MCDOWELL 2001 TRUST	601 Brickell Key Drive, Suite 700	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
Member	ARCHIPELAGO HOUSING, LLC	157 COLUMBUS AVE. SUITE 522	<input type="checkbox"/> Add
		NEW YORK, NY 10023	<input checked="" type="checkbox"/> Remove
CFO, Assistant Secretary	CHARLES KOSLOSKY	601 Brickell Key Drive, Suite 700	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
Managing Director Head of Affordable Housing	CHRISTOPHER SHEAR	601 Brickell Key Drive, Suite 700	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
	Please See More Attached	Please see more attached	<input type="checkbox"/> Add
			<input checked="" 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

Carlos M Alvarez, Attorney-in-Fact

Typed or printed name of signer

Filing Fee: \$25.00

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Managing Partner and Co-Chief Executive Officer	W. Patrick McDowell	601 Brickell Key Drive	<input checked="" type="checkbox"/> Add
		Suite 700	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
Managing Partner and Co-Chief Executive Officer	Kenneth Lee	601 Brickell Key Drive	<input checked="" type="checkbox"/> Add
		Suite 700	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
Chief Operating Officer	Christopher Shear	601 Brickell Key Drive	<input checked="" type="checkbox"/> Add
		Suite 700	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
Chief Financial Officer and Assistant Secretary	Mario Soriol	601 Brickell Key Drive	<input checked="" type="checkbox"/> Add
		Suite 700	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
Treasurer and Secretary	Manpreet Dhadda	111 Pine Street	<input checked="" type="checkbox"/> Add
		Suite 1850	<input type="checkbox"/> Remove
		San Francisco, CA 94111	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change