

M1800057670

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000298876 3)))



H240002988763ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

RECEIVED
2024 SEP -3 PM 1:18
DIVISION OF CORPORATIONS

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
BREIT SH LOFTS GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

FILED
2024 SEP -3 PM 9:41

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 SH Lofts GP LLC

Enter new principal office address, if applicable: 30 Hudson Yards, Suite 7500

(Principal office address

MUST BE A STREET ADDRESS)

New York, New York 10001

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

4001 Kennett Pike, Suite 302

Wilmington, Delaware 19807

2. The Florida document number of this limited liability company is: M18000007670

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 21, 2018

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

5. New name of the limited liability company: KRE UP III Lofts GP 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: Corporate Creations Network Inc.

New Registered Office Address: 801 US Highway 1

Enter Florida Street Address

North Palm Beach

City

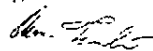
Florida

33408

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.



By: Ariana Turoski, Special Secretary

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)(c), indicate that change:

<u>Title/ Capacity:</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Senior M	A.J. Agarwal	345 PARK AVENUE	<input type="checkbox"/> Add
		NEW YORK, NY 10154	<input checked="" type="checkbox"/> Remove
Senior Man	Frank Cohen	345 PARK AVENUE	<input type="checkbox"/> Add
		NEW YORK, NY 10154	<input checked="" type="checkbox"/> Remove
Managing	Giovanni Cutaia	345 PARK AVENUE	<input type="checkbox"/> Add
		NEW YORK, NY 10154	<input checked="" type="checkbox"/> Remove
Managing	Robert Harper	345 PARK AVENUE	<input type="checkbox"/> Add
		NEW YORK, NY 10154	<input checked="" type="checkbox"/> Remove
Managing	William J. Stein	345 PARK AVENUE	<input type="checkbox"/> Add
		NEW YORK, NY 10154	<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.

/s/ Bryan Kam

Signature of the authorized representative

Bryan Kam

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 THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BREIT SH LOFTS GP LLC", CHANGING ITS NAME FROM "BREIT SH LOFTS GP LLC" TO "KRE UP III LOFTS GP LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2024, AT 8:39 O'CLOCK A.M.



7023967 8100
SR# 20243507540

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204237572
Date: 08-26-24

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. The name of the Limited Liability Company is BREIT SH LOFTS GP LLC.
2. The Certificate of Formation of the Limited Liability Company is hereby amended as follows:

The name of the Limited Liability Company is KRE UP III Lofts GP LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Amendment on this 26th day of August, 2024.

By: /s/ Brian Kaufman

Name: Brian Kaufman

Title: Authorized Signatory