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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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
MODERN MIAMI PROPERTY OWNER, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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JAN 12 2024
T. LEMIEUX

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: MODERN MIAMI PROPERTY OWNER, 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: M18000008916

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/28/2018

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

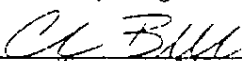
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:
Adding each person listed below and in the attached supplemental list as an Authorized Signatory.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Signatory	William MacDonald	4855 Technology Way, Suite 400	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
Authorized Signatory	Callum Parrott	4855 Technology Way, Suite 400	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
Authorized Signatory	Jeff Meran	4855 Technology Way, Suite 400	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
Authorized Signatory	Alexandria Bettius	4855 Technology Way, Suite 400	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33431	<input type="checkbox"/> Remove
Authorized Signatory	David A. Streicher	140 E. 45th Street, 34th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10017	<input type="checkbox"/> Remove

See attached list for additional Authorized Signatories.

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

Andrew Blanchard

Typed or printed name of signee

Filing Fee: \$25.00

Additional Authorized Signatories

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Signatory	Robert L. Gray, Jr.	140 E. 45 th Street, 34 th Floor New York, NY 10017	Add
Authorized Signatory	Tyson Skillings	140 E. 45 th Street, 34 th Floor New York, NY 10017	Add
Authorized Signatory	Peter A. Kaye	140 E. 45 th Street, 34 th Floor New York, NY 10017	Add
Authorized Signatory	David I. Becker	140 E. 45 th Street, 34 th Floor New York, NY 10017	Add
Authorized Signatory	John Harkey	4855 Technology Way, Suite 400 Boca Raton, FL 33431	Add
Authorized Signatory	Stephen Prochnow	4855 Technology Way, Suite 400 Boca Raton, FL 33431	Add
Authorized Signatory	Trey Hardy	4855 Technology Way, Suite 400 Boca Raton, FL 33431	Add