5/19/2021



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Help

From: James Tanks III

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

2021-05-19 11.49:31 CST

SECTION I (1-4 must be completed)

1. Name of	limited liability Company as it appears	on the records of the Florida Departm	ent of	
State: W	'ynwood DC PropCo LLC		· .	
	orincipal office address, if applicable:			
	office address			
MUST BE	A STREET ADDRESS)		•	
Enter new r	nailing address, if applicable:		·	
(Mailing ac	<u>ldress</u>			
MAY BE A	POST OFFICE BOX)			
0 (0) (1)	da document number of this limited liab	M18000010577		
2. The Flori	ida document number of this imited flat	tinty company is.		
3 Inrisdict	ion of its organization: Delaware			
J. 742154141	horized to do business in Florida: 11-27			
4. Date aut	horized to do business in Florida:			
SECTION	II (5-9 complete only the applicable c	hanges)		
5. New nar	he of the limited liability company:			
2	ne of the limited liability company: (must	contain "Limited Liability Company,	"L.L.C.," or ,"LLE.")	
	:		1-12-15	
conventation	available, enter alternate name adopted written consent of the managers or man in "Limited Liability Company," "L.L.C	aging members adopting the alternate	s in Florida and attach a 11 name. The alternate name	
6. If amend	; ing the registered agent and/or registere igent and/or the new registered office ad	d officer address on our records, <u>enter</u> dress here:	the name of the new	
	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	A. 6	
Name of N	ew Registered Agent:			
New Regis	tered Office Address:	Enter Florida Stree	Addraes	
	<u>:</u>	Enter Ptortali Sirce.	1 .THO Can	
	:		lorida Zip Code	
	•	City	zip Code	
I hereby actine provision and accept document to	tered Agent's Signature, if changing Re- gept the appointment as registered agen- ons of all statutes relative to the proper- the obligations of my position as registe is being filed to merely reflect a change impany has been notified in writing of th	it and agree to act in this capacity. I fl and complete performance of my duti- ered agent as provided for in Chapter in the registered office address, I here	605 F.S. Or. if this	

From: James Tanks III

Director Paulo Ferraz	tle/ Capacity	Name	Address Typ	e of Action
Director Jared White c/o Quadrum Global 407 Lincoln Rd Ste 304 Miami Beach, FL 33139 □Ren □Add □Ren □Add □Ren □Add		Paulo Ferraz	c/o Quadrum Global 407 Lincoln Rd Ste 304	□Add
Miami Beach, FL 33139 □Ren □Add □Ren □Add □Ren □Add □Ren □Add □Ren			Miami Beach, Ft. 33139	- ≣Remov
□Add □Ren □Add □Ren □Add □Ren □Add □Ren □Add □Ren	Director	Jared White	c/o Quadrum Global 407 Lincoln Rd Ste 304	_ ≘ Add
☐ Ren			Miami Beach, FL 33139	_ □Remov
	<u> </u>			_ □Add
				_
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				_ □Remov
				_ □Add
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.	aforementic	med amendment(s), duly authenti	cated by the official having custody of records in the	_ □Remov
		Bryan Davis	•	