

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 : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)377-6544
Attn: Tami D. Passley

****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

WESTSIDE CREEKWOOD OWNER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED

2024 JUL -9 PM 4:37
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 10 2024

**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: Westside Creekwood Owner, LLC

Enter new principal office address, if applicable: 2000 Ponce de Leon Boulevard

(Principal office address
MUST BE A STREET ADDRESS)

Suite 700

Coral Gables, FL 33134

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: M19000000836

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 24, 2019

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

5. New name of the limited liability company: 8343 Hogan 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: VCorp Agent Services, Inc.

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

Florida 33324

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.

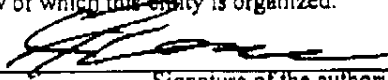
If Changing Registered Agent, Signature of New Registered Agent

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>
MBR	Westside Creekwood Holding, LLC	2000 Ponce de Leon Blvd., Suite 600, Coral Gables, FL 33134	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MBR	8343 Hogan Holding LLC	2000 Ponce de Leon Blvd., Suite 700, Coral Gables, FL 33134	<input checked="" type="checkbox"/> Add
			<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.


Signature of the authorized representative

Jeffrey Levin

Typed or printed name of signee

Filing Fee: \$25.00

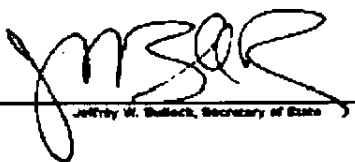
Delaware

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 "WESTSIDE CREEKWOOD OWNER, LLC", CHANGING ITS NAME FROM "WESTSIDE CREEKWOOD OWNER, LLC" TO "8343 HOGAN OWNER LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF JULY, A.D. 2024, AT 2:23 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

7226414 8100
SR# 20243091953

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

Authentication: 203884478
Date: 07-09-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:23 PM 07/09/2024
FILED 02:23 PM 07/09/2024
SR 20243091953 - File Number 7226414

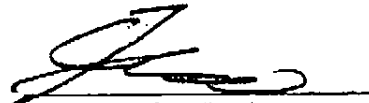
CERTIFICATE OF AMENDMENT
TO
AMENDED AND RESTATED CERTIFICATE OF FORMATION
OF
WESTSIDE CREEKWOOD OWNER, LLC

This Certificate of Amendment to Amended and Restated Certificate of Formation of Westside Creekwood Owner, LLC, a Delaware limited liability company (the "Company"), dated as of July 9, 2024, has been duly executed and is being filed by the undersigned, as an authorized person of the Company, in accordance with the provisions of 6 Del. C. §§ 18-202 and 18-204, to amend the Amended and Restated Certificate of Formation of the Company, which was filed in the office of the Secretary of State of the State of Delaware on January 23, 2019 (the "Certificate").

1. The name of the limited liability company is Westside Creekwood Owner, LLC.
2. Section FIRST of the Certificate is hereby amended and restated in its entirety as follows:

"FIRST. The name of the limited liability company is 8343 Hogan Owner LLC."

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of Amendment to Amended and Restated Certificate of Formation as of the date first-above written.



Name: Jeffrey Levin
Title: Authorized Person