

M19000001866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

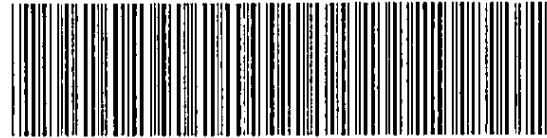
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100350685911

RECEIVED

2020 AUG 19 PM 2:12

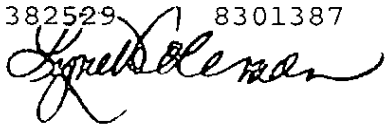
2020 AUG 19 PM 12:59

C. GOLDEN
AUG 20 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 382529 8301387

AUTHORIZATION : 

~~COST-LIMIT: \$-3000~~

ORDER DATE : August 11, 2020

ORDER TIME : 11:31 AM

ORDER NO. : 382529-005

CUSTOMER NO: 8301387

FOREIGN FILINGS

NAME: CENTURION TOWER MWC, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☒ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Centurion Tower MWC, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sergio Moises

Name of Person

Legacy Tower MWC, LLC

Firm/Company

1010 N.E. 2 Avenue

Address

Miami, FL 33132

City/State and Zip Code

legal@rpcholdings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kay L. Lilly

Name of Person

at (954) 240-9219

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

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

2020 FEB 19 PM 12:59

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: Centurion Tower MWC, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

1010 N.E. 2 Avenue

Miami, FL 33132

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

N/A

2. The Florida document number of this limited liability company is: M19000001866

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: Feb. 21, 2019

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

5. New name of the limited liability company: Legacy Tower MWC, 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: N/A

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:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>M</u>	<u>DANIEL KODSI</u>	<u>1010 N.E. 2 AVE.</u> <u>MIAMI, FL 33132</u>	<input checked="" type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<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

Sergio Moises

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 "CENTURION TOWER MWC, LLC", CHANGING ITS NAME FROM "CENTURION TOWER MWC, LLC" TO "LEGACY TOWER MWC, LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF NOVEMBER, A.D. 2019, AT 12:12 O'CLOCK P.M.



7095030 8100
SR# 20206780795

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203481875
Date: 08-17-20

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
CENTURION TOWER MWC, LLC**

It is hereby certified that:

1. The name of the limited liability company is **CENTURION TOWER MWC, LLC** (hereinafter called the "Company"). The filing date of the Certificate of Formation was October 10, 2018.

2. Pursuant to the Delaware Limited Liability Company Act, the Certificate of Formation of the Company is hereby amended as follows:

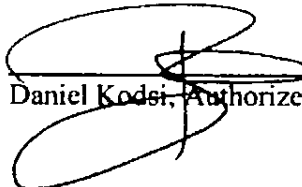
Article 1. of the Certificate of Formation of the Company is hereby deleted in its entirety and the following text is inserted in lieu thereof:

1.: **The name of the limited liability company is:
LEGACY TOWER MWC, LLC**

3. Except as hereby amended, the Certificate of Formation of the Company shall remain unchanged.

4. This amendment shall be effective as of the date of filing of this Certificate of Amendment.

Executed on this 22nd day of October, 2019.


Daniel Kodsi, Authorized Person