

1/27/22, 11:22 AM

Division of Corporations



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.

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To:

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

From:

Account Name : GREENBERG TRAUIG (ORLANDO)
Account Number : 103731001374
Phone : (407)418-2435
Fax Number : (407)420-5909

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rrico@crescentheights.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OZPC NO. 1 2900 BISCAYNE BLVD, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

2022 JAN 27 PM 12:17

A 11:11:11 (G11)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 27 AM 7:35

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AND
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(((H22000035534 3)))

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: OZPC No. 1 2900 Biscayne Blvd. LLC

Enter new principal office address, if applicable: n/a

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000010086

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 7, 2021

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.")

OZPC No. 1 2900 Biscayne Blvd. Holdings 3, 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.

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If Changing Registered Agent, Signature of New Registered Agent

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STATE OF FLORIDA
CLERK OF THE SUPREME COURT

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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:

one duplicate officer deletion

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Jonathan Newberg	2200 Biscayne Blvd.	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" 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
			<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.

/s/ Heather Irving

Signature of the authorized representative

Heather Irving, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

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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 "OZPC NO. 1 2900
BISCAYNE BLVD, LLC", CHANGING ITS NAME FROM "OZPC NO. 1 2900
BISCAYNE BLVD, LLC" TO "OZPC NO. 1 2900 BISCAYNE BLVD HOLDINGS
3, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF
JANUARY, A.D. 2022, AT 12:45 O'CLOCK P.M.



7655542 8100
SR# 20220259228

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 in a small font.

Authentication: 202499613
Date: 01-26-22

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CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION
OF

OZPC NO. 1 2900 BISCAYNE BLVD, LLC

OZPC NO. 1 2900 BISCAYNE BLVD, LLC (hereinafter called the "Company"), a limited liability company organized and existing under and by virtue of the Limited Liability Company Act of the State of Delaware, does hereby certify:

1. The name of the limited liability company is OZPC No. 1 2900 Biscayne Blvd, LLC.

2. The Certificate of Formation of the company is hereby amended by striking out Article 1 thereof and by substituting in lieu of said Article 1 the following new Article 1:

"1. The name of the limited liability company is **OZPC No. 1 2900 Biscayne Blvd Holdings 3, LLC** (the "**Company**")."

Executed on this 25th day of January, 2022.

By: /s/ Heather Irving
Heather Irving
Authorized Person

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