M19000011120

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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C. GOLDEN SEP 1 7 2020

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

FROM-, Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 9/16/20

850-245-6051

PRIORITY >: Routine

OUR REF.# (Order ID#) Jenny

ORDER ENTITY

MREF III ST. PETE, LLC

PLEASE PERFORM THE FOLLOWING SERVICES

MREF III ST. PETE, LLC

Please file the attached amondment

\$25.00 Authorized Email address for annual report reminders: arfs@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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)	76775	15	<u>FN 8:55</u>
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1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MREF III ST. PETE, LLC				
Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>				
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAYBE A POST OFFICE BOX</u>)				
2. The Florida document number of this limited liability	/ company is:	11126		
 Jurisdiction of its organization: DELAWARE Date authorized to do business in Florida: 11/19/201 				
SECTION II (5-9 complete only the applicable chan				
5. New name of the limited liability company:(must cont	tain "Limited Liability (Company, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted for t copy of the written consent of the managers or managin must contain "Limited Liability Company," "L.L.C." or	ig members adopting the			
6. If amending the registered agent and/or registered off registered agent and/or the new registered office address		ords, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Fastar Ela	rida Straut Iddrass		
	Enter Florida Street Address			
	City	, Florida <i>p Code</i>		
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and a and accept the obligations of my position as registered.	d agree to act in this cap complete performance o	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:

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Title/ Capacity	Name	Address	Type of Action				
MBR	MOMENTUM REAL ESTATE FUND III, LLC	701 BRICKELL AVE. STE:1400 MIAMI, FL 33131	□Add				
			Remove				
VP	GRUENER, MAURICIO	701 BRICKELL AVE. STE:1400 MIAMI, FL 33131	🗆 Add				
		•	Remove				
Р	GRUENER, EDUARDO	701 BRICKELL AVE. STE:1400 MIAMI, FL 33131	🗆 Add				
			Remova				
MGR	MOMENTUM REAL ESTATE PARTNERS, LLC	701 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131	⊠siAdd				
			🗋 Remove				
		•	🗋 Add				
9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticuted by the official having custody of records in the jurisdiction under the law of which this entry is organized. Signature of the authorized representative							
EDUARDO GRUENER							
Typed or printed name of signee							

Filing Fee: \$25.00