

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 : COMPUTERSHARE
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Phone : (561)694-8107
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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 QCRE X, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

24 JUN 13 PM 1:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
JUN 13 PM 12:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: QCRE X, LLC

Enter new principal office address, if applicable: 6111 Broken Sound Parkway NW, Suite 200

(Principal office address

MUST BE A STREET ADDRESS)

Boca Raton, Florida 33487

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

6111 Broken Sound Parkway NW, Suite 200

Boca Raton, Florida 33487

2. The Florida document number of this limited liability company is: M19000012246

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/27/2019

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

5. New name of the limited liability company: 162 NE 2nd Ave., 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: ASSOCIATED CORPORATE SERVICES, LLC

New Registered Office Address: 6111 Broken Sound Parkway NW, Suite 200

Enter Florida Street Address

Boca Raton

City

Florida

33487

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.

by: Marja Souza, Attorney-in-fact
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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Representative	Daniel Kaskel	6111 Broken Sound Parkway NW, Suite 200	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33487	<input type="checkbox"/> Remove
MGR, MBR	QUOGUE OPERATIONS MANAGEMENT, LLC	101 CENTRAL PARK WEST, STE. 1F	<input type="checkbox"/> Add
		NEW YORK, NY 10023	<input checked="" type="checkbox"/> Remove
AP	SEITLES, VICTOR M	101 CENTRAL PARK WEST, STE. 1F	<input type="checkbox"/> Add
		NEW YORK, NY 10023	<input checked="" 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.

Marja Souza
Signature of the authorized representative

Marja Souza, Attorney-in-fact on behalf of Daniel Kaskel

Typed or printed name of signer

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 "QCRE X, LLC", CHANGING ITS NAME FROM "QCRE X, LLC" TO "162 NE 2ND AVE., LLC", FILED IN THIS OFFICE ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2021, AT 10:34 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

7770587 8100
SR# 20242636237

Authentication: 203592605
Date: 05-30-24

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

**CERTIFICATE OF AMENDMENT
OF
CERTIFICATE OF FORMATION
OF
QCRE X, LLC**

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:34 AM 12/27/2021
FILED 10:34 AM 12/27/2021
SR 20214216924 - File Number 7770587

1. The name of the limited liability company is QCRE X, LLC (the "Company").
2. The Certificate of Formation of the Company is hereby amended by deleting Article First in its entirety and substituting the following therefor:

"FIRST: The name of the Company is: 162 NE 2nd Ave., LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Certificate of Formation this 24th day of December, 2021.

By:



Name:

VICTOR M. SEITLES