

2/8/21

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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
SOUTHERN MARINAS III LIFT LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

PLEASE HONOR THE ORIGINAL SUBMISSION DATE OF 2/8/2021

FEB 25 2021

Electronic Filing Menu

Corporate Filing Menu

M. SOLOMON
Help

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: Southern Marinas Hi Lift LLC

Enter new principal office address, if applicable: 2 North Riverside Plaza
Suite 800
(Principal office address
MUST BE A STREET ADDRESS) Chicago, Illinois 60606

Enter new mailing address, if applicable: 2 North Riverside Plaza
Suite 800
(Mailing address
MAY BE A POST OFFICE BOX) Chicago, Illinois 60606

2. The Florida document number of this limited liability company is: M2000002325

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 2/28/2020

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

5. New name of the limited liability company: MHC Hi Lift, L.L.C.
(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: C T Corporation System

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.

James H Tanks III ASSISTANT SECRETARY

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:
Removal/addition of persons with authority to manage.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	SOUTHERN MARINAS AQUAMARINA HOLDINGS LLC	610 Broadway, 6th Floor	<input type="checkbox"/> Add
		New York, NY 10012	<input checked="" type="checkbox"/> Remove
General Counsel, Corporate Secretary and			
EVP	David Eldersveld	2 North Riverside Plaza, Suite 800	<input checked="" type="checkbox"/> Add
		Chicago, Illinois 60606	<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.

Sara Handibode
Signature of the authorized representative

Sara Handibode, Authorized Representative
Typed or printed name of signee

Filing Fee: \$25.00

FILED
2021 FEB -8 AM 9:00
CLERK OF DISTRICT COURT
JANUARY 2021

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 "SOUTHERN MARINAS HI LIFT LLC", CHANGING ITS NAME FROM "SOUTHERN MARINAS HI LIFT LLC" TO "MHC HI LIFT, L.L.C.", FILED IN THIS OFFICE ON THE FIFTH DAY OF FEBRUARY, A.D. 2021, AT 7:51 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

7863494 8100
SR# 20210358218

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

Authentication: 202461889
Date: 02-08-21