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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
(Bt	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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C. BRUMBLEY JUL - 4 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 July 01, 2022 Date:\_\_\_ **KEN** Name:\_\_\_\_ 1721781 Reference #:\_\_\_ FORT PRUF ROCK PHASE 1 LLC Entity Name:\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment.... ☐ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion Merger Dissolution/WithdrawaF \*\* PLEASE RETAIN ORIGINAL FILE DATE OF 6/30/2022 \*\* Fictitious Nag \*\* CERTIFIED COPY & GOOD STANDING UPON FILING \*\* ✓ Other Authorized Amount: \$60.00

#### **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: 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: Teresa Gancedo Name of Person Akerman LLP Firm/Company 98 Southeast Seventh Street, Suite 1100 Address Miami, Florida 33131 City/State and Zip Code teresa.gancedo@akerman.com

For further information concerning this matter, please call:

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

Teresa Gancedo

at (305) 755-5809

Name of Person Area Code & Daytime Telephone Number

ruea code de Baytimo Telephone Ne

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:

□\$25 Filing Fee □ \$30 Filing Fee & □ \$55 F Certificate of Status Certifi

☐ \$55 Filing Fee & Certified Copy

■ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

## FILE

### 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 appear	s on the records	of the Florida De	partment of		
State: Fort Pruf Rock Phase 1 LLC	· · · · · · · · · · · · · · · · · · ·				
Enter new principal office address, if applicable:	N/A				_
( <u>Principal office address</u> MUST BE A STREET ADDRESS)					<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A			\$500.5 \$400.5	05 Nnr 2202
2. The Florida document number of this limited lia	ability company	is: M2000000464	14	TARY AHAB	
3. Jurisdiction of its organization: Delaware			<u></u>		AM 9:
4. Date authorized to do business in Florida: May	20, 2020				03
SECTION II (5-9 complete only the applicable	changes)				
<ol> <li>New name of the limited liability company: Figure 1.</li> <li>(mus)</li> </ol>	PR 1 PROPCO I t contain "Limi	LLC ted Liability Com	pany, ""L.L.C.,"	or "LLC	<u></u> '')
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging member				
6. If amending the registered agent and/or registere registered agent and/or the new registered office a		ss on our records,	enter the name o	f the new	<u> Y</u>
Name of New Registered Agent: N/A			<u>-</u>		
New Registered Office Address: N/A					
		Enter Florida	Street Address		
N/A			, Florida N/A		_
	C	City	Ζη	p Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to and complete p ered agent as p in the registere	act in this capacit verformance of my rovided for in Cha	duties, and I am apter 605, F.S. O	familiar r, if this	with

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  N/A				
Fitle/Capacity	<u>Name</u>	Address	Type of Action	
			DAdd	
			□Add	
			□Remov	
			□Add	
		·	DRemov	
		·		
			□Remov	
			□Add	
aforementioned amer	law of which this entity is organ	the official having custody of records in the nized.	□Remove	
	Signature of Francis H. Scola, III, Authorize	the authorized representative		

Filing Fee: \$25.00

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID FORT PRUF ROCK PHASE

1 LLC\*, FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO

\*FPR 1 PROPCO LLC\* ON THE THIRTIETH DAY OF JUNE, A.D. 2022, AT

2:40 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED

LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT

HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FPR 1 PROPCO LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2020.



Authentication: 203821666

Date: 07-01-22

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