02801000006P

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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A. RIVERS FEB 2 0 2023



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TITO

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)

Name of limited liability Company as it appears of State: TERRENO 73RD STREET LLC State:	on the records of the Florida Department of
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: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liabi	ility company is: M20000010830
3. Jurisdiction of its organization: DELAWARE	
4. Date authorized to do business in Florida: 11/25/	2020
SECTION II (5-9 complete only the applicable ch	nanges)
5. New name of the limited liability company: (must c	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or manamust contain "Limited Liability Company." "L.L.C."	or the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	lofficer address on our records, enter the name of the new lress here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	<u></u>
	Enter Florida Street Address
	, Florida City Zip Code
the provisions of all statutes relative to the proper as and accept the obligations of my position as register	and agree to act in this capacity. I further agree to comply with nd complete performance of my duties, and I am familiar with red agent as provided for in Chapter 605, F.S. Or, if this the registered office address, I hereby confirm that the limited

itle/ Capacity	<u>Name</u>	Address	Type of Action
AP	Stephen Lucck	101 Montgomery Street, Suite 200	≘Add
		San Francisco, CA 94104	□Remo
			□Add
		-	⊡Remo
		_	□Add
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			□Add
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aforemention	inder the law of which this entity i	tted by the official having custody of records in t	□Remo he

Filing Fee: \$25.00