

Division of Corporations

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H21000000226

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 : GREENSPOON MARDER, P.A.
 Account Number : 076064003722
 Phone : (888) 491-1120
 Fax Number : (954) 333-4242

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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Dana.Somerstein@gmlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RESIDENCES NORTHGATE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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541
JAN 21

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Residences Northgate, LLC

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:

Mariana Robina

Name of Person

Residences Northgate, LLC

Firm/Company

1200 Brickell Ave., Suite 1650

Address

Miami, FL 33131

City/State and Zip Code

mariana.robina@cpinvest.com

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

For further information concerning this matter, please call:

Mariana Robina at (786) 667-3602

Name of Person Area Code & Daytime Telephone Number

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 & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

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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: Residences Northgate, LLC

Enter new principal office address, if applicable: 1200 Brickell Ave., Suite 1650

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1200 Brickell Ave., Suite 1650

Miami, FL 33131

2. The Florida document number of this limited liability company is: M21000000226

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/07/2021

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

5. New name of the limited liability company: (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:

New Registered Office Address:

Enter Florida Street Address

, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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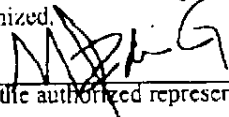
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
AMBR	Mariana Robina	1200 Brickell Ave., Suite 1650	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
MGR	Eagle Property Capital Investments	2600 S. DOUGLAS RD., SUITE PH-10	<input type="checkbox"/> Add
		Coral Gables, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<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.



 Signature of the authorized representative

Mariana Robina

 Typed or printed name of signee

2021 JAN 20 PM 5:30
 STATE DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00