

M210001458303922

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.

(((H21000145830 3)))



H210001458303ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

2021 APR 12 PM 3:30

2021 APR 12 AM 9:09

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
METRO CENTER OFFICE ORLANDO, LLC

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

APR 13 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

H21000145830 3

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: METRO CENTER OFFICE ORLANDO, I.L.C

Enter new principal office address, if applicable: _____

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable: _____

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: M21000003922

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 1, 2021

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

5. New name of the limited liability company: METROCENTER OFFICE ORLANDO 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: _____

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

2021 APR 12 AM 9:09
FILED

H21000145830 3

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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2021 APR 12 AM 9:09

FILED

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.

/s/ Fred Arena
Signature of the authorized representative

Fred Arena
Typed or printed name of signee

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 "METRO CENTER OFFICE ORLANDO, LLC", CHANGING ITS NAME FROM "METRO CENTER OFFICE ORLANDO, LLC" TO "METROCENTER OFFICE ORLANDO LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF APRIL, A.D. 2021, AT 1:01 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

5738294 8100
SR# 20211257737

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

Authentication: 202944600
Date: 04-12-21

H21000145830 3

H21000145830 3

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:01 PM 04/12/2021
FILED 01:01 PM 04/12/2021
SR 20211257737 - File Number 5738294

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company:
METRO CENTER OFFICE ORLANDO, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

1. The name of the limited liability company is Metrocenter Office Orlando LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 12th day of April, A.D. 2021.

By: /s/ Fred Arena
Authorized Person(s)

Name: Fred Arena
Print or Type