

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M21000007861

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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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

NORA W SPRUCE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 SEP 20 PM 2:26

RECEIVED
DIVISION OF STATE
MAIL ADDRESS UNIT

APPROVED
AND
FILED

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: NORA W SPRUCE LLC

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: M21000007861

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/22/2021

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

5. New name of the limited liability company: NORA West Spruce Owner 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

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AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
<u>MGR</u>	<u>NORA PORTFOLIO LLC</u>	<u>801 US HWY 1</u>	<input type="checkbox"/> Add
		<u>N PALM BEACH, FL 33408</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>NORA West Spruce Holdco LLC</u>	<u>801 US HWY 1</u>	<input checked="" type="checkbox"/> Add
		<u>N PALM BEACH, FL 33408</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
		<u>_____</u>	<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.

/s/ Caitlin Lazarus

Signature of the authorized representative

Caitlin Lazarus, Attorney-in-Fact

Typed or printed name of signee

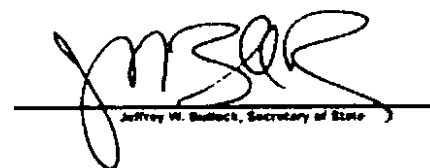
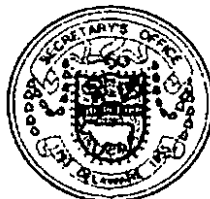
Filing Fee: \$25.00

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 "NORA W SPRUCE LLC", CHANGING ITS NAME FROM "NORA W SPRUCE LLC" TO "NORA WEST SPRUCE OWNER LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2022, AT 1:57 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

5963701 8100
SR# 20223545363

Authentication: 204429757
Date: 09-19-22

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

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: NORA W Spruce LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is:
NORA West Spruce Owner LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 16th day of September, A.D. 2022.

By: /s/ Caitlin Lazarus
Authorized Person(s)

Name: Caitlin Lazarus, Special Manager
Print or Type