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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435 Fax Number : (407)420-5909

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

Email Address: laymand@gtlaw.com

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K. SALY

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

Degri		
SECTION	s on the records of the Florida Department of	
Name of limited liability Company as it appear	s on the records of the Florida Department of	45 V
State: CLP HP1, LLC		2
Enter new principal office address, if applicable:	n/a (5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address</u> MAY BE A POST OFFICE BOX)	n/a	
2. The Florida document number of this limited liz	ability company is: M21000010547	
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Aug	ust 13, 2021	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: (mus	ta contain "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")	
6. If amending the registered agent and/or register registered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:	
Name of New Registered Agent: n/a		
New Registered Office Address:	Enter Florida Street Address	
	. Florida	
	, Florida Zip Code	
the provisions of all statutes relative to the proper	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with agreed agent as provided for in Chapter 605, F.S. Or, if this r in the registered office address, I hereby confirm that the limited	

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: n/a					
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action		
MGR	Adam Schlesinger				
			≣Remove		
AREP	Adam Schlesinger	1801 S. Australian Ave.	■Add		
		West Palm Beach, FL 33409	□Remove		
AREP	Richard Schlesinger	1801 S. Australian Ave.	= Add		
	West Palm Beach, FL 33409	□Remove			
AREP Robert Schlesinger	1801 S. Australian Ave.	■Add			
	West Palm Beach, FL 33409	□Remove			
aforementic	under the law of which this entity /s/ Heather Irving Sign Heather Irving, Author	cated by the official having custody of records is organized. ature of the authorized representative	PRemove 2822 HAR - 3 PM 54 FALL AHASSES FOR DE		