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To:

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. laymand@gtlaw.com

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UMF 23 ADALIA, LLC

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Help

K. SALY

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

From: Heather Irving

besit	NESS IN LEONIDA
SECTION	ST (1-4 must be completed)
1. Name of limited liability Company as it appear	s on the records of the Florida Department of
State: UMF 23 Adalia, LLC	
Enter new principal office address, if applicable:	N/0
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	NI (1-4 must be completed) rs on the records of the Florida Department of
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	n/a
	ability company is: M21000010548
4. Date authorized to do business in Florida: Aug	gust 13, 2021
SECTION II (5-9 complete only the applicable	
5. New name of the limited liability company: (must	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte 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 anaging 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:	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
_	City Zip Code
the provisions of all statutes relative to the prope	ent and agree to act in this capacity. I further agree to comply with or and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this o in the registered office address, I hereby confirm that the limited

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3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ 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	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	CRemove			
		□Add			
aforementio	a certificate, if required; no more tha ned amendment(s), duly authenticate under the law of which this entity is /s/ Heather Irving	ed by the official having custody of records u	The Remove 12 The the second s		
	_	re of the authorized representative	PH 5: 02		
	Heather Irving, Authorized	1 Representative r printed name of signee	PH 5: 02		