8/1/22, 12:26 PM

Division of Corporations

Florida Department of State

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUSV 1 FL 1498 NW THIRD STREET LLC

Certificate of Status	0
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2822 A:

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o: Page: 3 of 5 2022-08-01 10.27:57 PDT 19548277645 From: Kaity Toon

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 appear	
State:	BLUSV I FL 1498 NW Third Street ELC
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 OF FICE BOX)	2022 AUG - 1 SECRETARY FALLAHASS
2. The Florida document number of this limited lie	ability company is: M21000017573
3. Jurisdiction of its organization: Delaware	9. 02
4. Date authorized to do business in Florida:	December 27, 2021
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (mus	BLUSV1FL 8201 NW 56th Street LLC it 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 ma must contain "Limited Liability Company," "L.L.	I for the purpose of transacting business in Florida and attach a naging 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	ed officer address on our records, enter the name of the new ddress here:
	10.000
New Registered Office Address:	
	Florida City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regis document is being filed to merely reflect a change liability company has been notified in writing of to	on and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited his change.
11.0	Changing Registered Agent. Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
Fitle/ Capacity	Nane	Address	Type of Action			
	-		□Remov			
····			□Add			
	-		Remov			
	. <u></u>		□Add			
	-		□Remov			
			□Add			
	-		□Remov			
	-		□Add			
aforementioned am	icate, if required: no more than 90 days endment(s), duly authenticated by the he law of which this entity is organized.	official having custody of recor	□Remov			

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'BLUSV I FL 1498 NW

THIRD STREET LLC', FILED A CERTIFICATE OF AMENDMENT, CHANGING

ITS NAME TO 'BLUSV I FL 8201 NW 56TH STREET LLC' ON THE TWENTY
SEVENTH DAY OF JULY, A.D. 2022, AT 5:28 O'CLOCK P.M.



Authentication: 204051665

Date: 08-01-22