

M2200000000052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

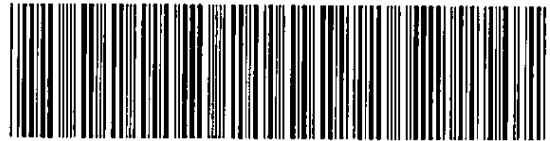
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300423094083

RECEIVED  
2024 FEB 27 AM 11:50  
CLERK OF STATE  
TALLAHASSEE, FL

RECEIVED  
2024 FEB 27 PM 3:16  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SP-1112  
R. HUNT  
02/27/24

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 02/27/2024

Acc#I20160000072

*en: 12/11*

Name:	SCC SHOPS AT BOCA CENTER LLC
Document #:	
Order #:	15402503 - 27

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

RECEIVED  
FEB 27 AM 11:50  
TALLAHASSEE, FL  
STATE

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00
------------------



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCC Shops at Boca Center LLC

\_\_\_\_\_  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Courtney Hall

\_\_\_\_\_  
Name of Person

Jones Day

\_\_\_\_\_  
Firm/Company

901 Lakeside Ave.

\_\_\_\_\_  
Address

Cleveland, Ohio 44114

\_\_\_\_\_  
City/State and Zip Code

cchall@jonesday.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Hall

at ( 216 ) 586-1205

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☒ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

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

The future effective date is February 28, 2024

**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: SCC Shops at Boca Center 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: M22000000052

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 29, 2021

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

5. New name of the limited liability company: CL Shops at Boca Center FL 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

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)(e), 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

2021-07-27 AM 11:50  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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.

Michael S. Owendoff  
0718425CADF3447... Signature of the authorized representative

Michael S. Owendoff

\_\_\_\_\_  
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 "SCC SHOPS AT BOCA CENTER LLC", CHANGING ITS NAME FROM "SCC SHOPS AT BOCA CENTER LLC" TO "CL SHOPS AT BOCA CENTER FL LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2024, AT 10:34 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF AMENDMENT IS THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2024.

RECEIVED  
OFFICE OF STATE  
TREASURER  
FEB 27 AM 11:50  
DELAWARE



  
Jeffrey W. Bullock, Secretary of State

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 10:34 AM 02/26/2024  
FILED 10:34 AM 02/26/2024  
SR 20240678974 - File Number 6502590

STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT  
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is SCC Shops at Boca Center LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

**First:** The name of the limited liability company (the "Company") is CL Shops at Boca Center FL LLC.

3. This Certificate of Amendment of Certificate of Formation shall be effective on February 28, 2024.

2024 FEB 27 AM 11:50  
STATE OF DELAWARE  
DIVISION OF CORPORATIONS  
FILED

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Certificate of Formation on February 23, 2024.

By: Michael S. Owendoff  
0718475CADF3447  
Authorized Person