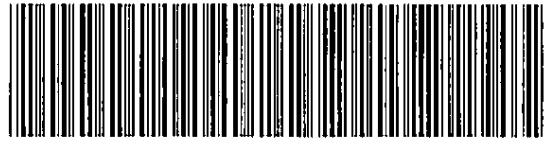


M22000001805



400422600714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

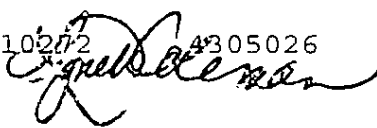
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

FILED  
2024 FEB -7 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECORDED  
2024 FEB -7 PM 3:22  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 310272 4305026  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : February 7, 2024  
ORDER TIME : 2:28 PM  
ORDER NO. : 310272-070  
CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: ILPT MIA FL LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ILPT MIA FL 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:

Rachael Charest  
Name of Person

Sullivan & Worcester LLP  
Firm/Company

One Post Office Square  
Address

Boston, MA 02109  
City/State and Zip Code

rcharest@sullivanlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachael Charest at ( 617 ) 338-2868  
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

**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: ILPT MIA FL LLC

Enter new principal office address, if applicable: Two Newton Place

255 Washington Street, Suite 300  
***(Principal office address  
MUST BE A STREET ADDRESS)***

Newton, MA 02458

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: M22000001805

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/03/2022

2024 FEB -7 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

5. New name of the limited liability company: \_\_\_\_\_  
(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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

Please see Exhibit A attached.

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

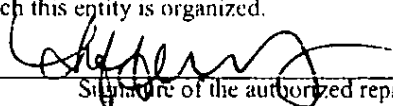
_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

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.



Signature of the authorized representative

Tiffany R. Sy, Chief Financial Officer & Treasurer

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 FEB -7 PM 12: 05

FILED

**Exhibit A**

<b>Name</b>	<b>Address</b>	<b>Title</b>	<b>Add / Remove</b>
Yael Duffy	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Manager	Remove
Brian E. Donley	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Manager	Remove
Jennifer B. Clark	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Manager	Remove
Jacquelyn S. Anderson	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Manager	Remove
Yael Duffy	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	President and Chief Operating Officer	Add
Tiffany R. Sy	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Chief Financial Officer & Treasurer	Add
Jennifer B. Clark	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Secretary	Add
Jacquelyn S. Anderson	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458	Assistant Secretary	Add

**2024 FEB - 7 PM 12: 05**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILED**