

M220000002271

(Requestor's Name)

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(Address)

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☐ PICK-UP

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LLC amend

2022 JUN 27 AM 10:10

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RECEIVED

TALLAHASSEE, FLORIDA

A. RAMSEY

JUN 28 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 773139 4305026

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : June 27, 2022

ORDER TIME : 2:31 PM

ORDER NO. : 773139-015

CUSTOMER NO: 4305026

FOREIGN FILINGS

NAME: ILPT MIAMI 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: Eyliena Baker -- EXT#

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ILPT Miami 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:

c/o 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:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>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 Miami LLC

Enter new principal office address, if applicable:

Two Newton Place

(Principal office address

255 Washington Street, Suite 300

MUST BE A STREET ADDRESS)

Newton, MA 02458

Enter new mailing address, if applicable:

Two Newton Place

(Mailing address

255 Washington Street, Suite 300

MAY BE A POST OFFICE BOX)

Newton, MA 02458

2. The Florida document number of this limited liability company is: M22000002271

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/11/2022

**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

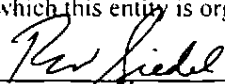
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Please see Exhibit A attached.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Monmouth Real Estate Investment Corporation	101 Crawfords Corner Road, Suite 1405	<input type="checkbox"/> Add
		Holmdel, NJ. 07733	<input checked="" 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

Richard W. Siedel, Jr., Chief Financial Officer and Treasurer

Typed or printed name of signee

**Filing Fee: \$25.00**

**Exhibit A**

**ILPT MIAMI LLC**

Section 8 – If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The following authorized persons are to be added:

<b>Title</b>	<b>Name</b>	<b>Address</b>
President and Chief Operating Officer	Yael Duffy	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Chief Financial Officer and Treasurer	Richard W. Siedel, Jr.	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Manager	Matthew P. Jordan	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458
Manager	Adam D. Portnoy	Two Newton Place 255 Washington Street, Suite 300 Newton, MA 02458