

M22 0000 00 2271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

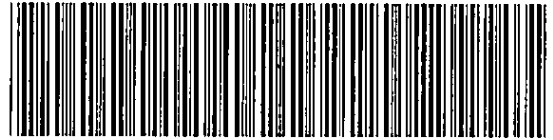
(Business Entity Name)

(Document Number)

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

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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 :

*[Handwritten Signature]*  
\$25.00

ORDER DATE : February 7, 2024

ORDER TIME : 2:28 PM

ORDER NO. : 310272-075

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: Alexxis Weiland-sorenson -- 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:

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 Miami 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: M22000002271

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/27/2022

**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

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

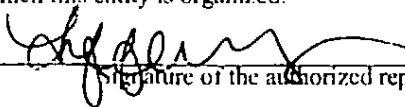
\_\_\_\_\_

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

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**Exhibit A**

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

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