

3/21/22, 4:09 PM

Division of Corporations

Florida Department of State  
 Division of Corporations  
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M2200001048553

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 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.\*\***

Email Address: \_\_\_\_\_

2022 MAR 21 PM 4:30

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MU LANDCO LIQUIDATING COMPANY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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 2022 MAR 21 AM 9:36  
 OFFICE OF THE STATE  
 CLERK OF FLORIDA

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# 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: MU LandCo Liquidating Company, LLC

Enter new principal office address, if applicable: 2800 Post Oak Blvd., Suite 4800  
Houston, Texas 77056  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 2800 Post Oak Blvd., Suite 4800  
Houston, Texas 77056  
*(Mailing address MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M22000002673

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 02/18/2022

## 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 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: CT Corporation System

New Registered Office Address: 1200 South Pine Island Road

*Enter Florida Street Address*  
Plantation, Florida 33324  
*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.*

Mark Holloway  
Assistant Secretary  
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:

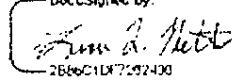
\_\_\_\_\_

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

See below and attached

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	Lisa Q. Metts	2800 Post Oak Blvd., Ste. 4800	<input checked="" type="checkbox"/> Add
Authorized Person	_____	Houston, TX 77056	<input type="checkbox"/> Remove
_____	Richard Heaton	2800 Post Oak Blvd., Ste. 4800	<input checked="" type="checkbox"/> Add
Authorized Person	_____	Houston, TX 77056	<input type="checkbox"/> Remove
_____	Evan McCord	2800 Post Oak Blvd., Ste. 4800	<input checked="" type="checkbox"/> Add
Authorized Person	_____	Houston, TX 77056	<input type="checkbox"/> Remove
_____	Keith Montgomery	2800 Post Oak Blvd., Ste. 4800	<input checked="" type="checkbox"/> Add
Authorized Person	_____	Houston, TX 77056	<input type="checkbox"/> Remove
_____	Jeffrey C. Hines	2800 Post Oak Blvd., Ste. 4800	<input checked="" type="checkbox"/> Add
Authorized Person	_____	Houston, TX 77056	<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.

DocuSigned by:  
  
 \_\_\_\_\_  
 are of the authorized representative

Lisa Q. Metts, Authorized Person

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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ATTACHMENT

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	W. Andrew Krusen, Jr.	1414 W. Swann Ave, Ste. 100 Tampa, FL 33506	REMOVE
Manager	Andra C. Douglas	1414 W. Swann Ave, Ste. 100 Tampa, FL 33606	REMOVE
Scty/Treasurer	Douglas N. Jones	1414 W. Swann Ave, Ste. 100 Tampa, FL 33606	REMOVE