Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000113598 3)))



H220001135983ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I2016000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THIRD LAKE VALUE-ADD OFFICE III GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

22 HJI, 28 PM 3: 35

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY MAR 2 9 2022

H220001135983

## **COVER LETTER**

	stration Section sion of Corporations				
SUBJECT:	Third Lake Value-Add	l Office III GP, LLC			
SOBJECT.	N	ame of Foreign L	imited Liabi	lity Comp	pany
Dear Sir or I	Aadam:				
The enclosed	d application, certific	rate and fee(s) are	submitted f	or filing.	
Please return	all correspondence	concerning this r	natter to the	following	;;
Christina T. F	odriguez			,	
	Name of	Person			
c/o Haynes as	id Boone, LLP		<u>.</u>		
	Firm/Cor	npany			
2323 Victory	Avenue, Suite 700			_	
	Addr	ess			
Dallas, Texas	75219				
	City/Stat	e and Zip Code			
rforsythe@th				<del>-</del> , 、	
E-mail ac	ldress: (to be used fo	r future annual re	port notifica	tion)	
For further	information concern	ing this matter, pl	case call:		
Robert Forsy	the		t (	_)	
	Name of Person		Area Code	& Dayti	me 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		
Enc □\$25 Filin	Certifi		mount:  \$55 Filing Certified (		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

H220001135983

## 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)

State: Third Lake Value-Add Office III GP, LLC	:			
Enter new principal office address, if applicable:				
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		28.		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100 10 10 10 10 10 10 10 10 10 10 10 10		
2. The Florida document number of this limited lia	ability company is: M220000042	44		
	changes) Third Lake RE Value-Add Office II st contain "Limited Liability Con	II GP, LLC  npany, ""L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or manust contain "Limited Liability Company," "L.L.  6. If amending the registered agent and/or register	anaging memoers adopting the at .C." or "LLC.")	terrate name. The attention is		
registered agent and/or the new registered office a	aggress nere.			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Street Address			
	, Florida			
-	City	Zip Code		
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope and accept the obligations of my position as regidocument is being filed to merely reflect a chang liability company has been notified in writing of	ent and agree to act in this capacer and complete performance of netered agent as provided for in Core in the registered office address	Chapter 605 F.S. Or. if this		

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:							
Fitle/ Capacity	Name	Address	Type of Action				
_							
	<del></del>		LAGG.				
			Remove				
			Add				
			□Remove				
			DAdd				
			□Remove				
			□Add				
			□Remove				
			\_Add				
			□Remove				
aforementioned a	ificate, if required: no more than 90 of mendment(s), duly authenticated by the law of which this entity is organ	the official naving custody of record	is in the				
	/s/ Rober	rt Forsythe he authorized representative					
		t Forsythe					

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 "THIRD LAKE VALUE-ADD OFFICE III GP, LLC", CHANGING ITS NAME FROM "THIRD LAKE VALUE-ADD OFFICE III GP, LLC" TO "THIRD LAKE RE VALUE-ADD OFFICE III GP, LLC", FILED IN THIS OFFICE ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2022, AT 10:48 O'CLOCK A.M.





Authentication: 203012393 Date: 03-25-22

Taylor Seay 8004323622

H220001135983

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:48 A51 63/22/2022
FH.ED 10:48 AM 63/22/2022
SR 20221099724 - File Number 6679203

### CERTIFICATE OF AMENDMENT

#### TO THE

### CERTIFICATE OF FORMATION

**OF** 

### THIRD LAKE VALUE-ADD OFFICE III GP, LLC

It is hereby certified that:

FIRST: The name of the limited liability company is Third Lake Value-Add

Office III GP, LLC (the "Company").

SECOND: Article FIRST of the Certificate of Formation of the Company is hereby

amended to read as follows:

"The name of the limited liability company formed hereby is Third Lake

RE Value-Add Office III GP, LLC."

THIRD: The above-referenced amendment was duly adopted in accordance with all

applicable provisions of the Limited Liability Company Act of the State of

Delaware.

FOURTH: This Certificate of Amendment to the Certificate of Formation shall

become effective upon its filing with the Secretary of State of the State of

Delaware.

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment to the Certificate of Formation as of the 21st day of March, 2022.

/s/ Robert Forsythe

Robert Forsythe,
Authorized Person