

# M22000005394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

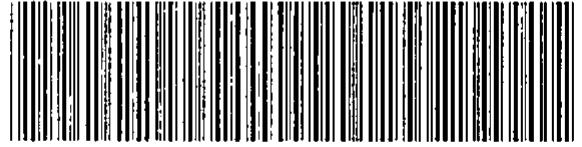
(Business Entity Name)

(Document Number)

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

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Office Use Only



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RECEIVED

2022 JUN -7 AM 10:45

ALLAHASSEE, FL

FOR INFO

2022 JUN -7 AM 10:04

STATE

6/8/2022



# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 06/07/2022

Acc#I20160000072

*en: c DW*

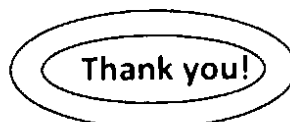
Name:	BH South Dixie SL Mall LLC
Document #:	
Order #:	14368945

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	55.00
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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)**

2022 JUN -7 AM 10: 04

1. Name of limited liability Company as it appears on the records of the Florida Department of State:

State: BH South Dixie SL Mall LLC

Enter new principal office address, if applicable:

(Principal office address  
MUST BE A STREET ADDRESS)

4890 W Kennedy Blvd Suite 240, Tampa, FL 33609

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

4890 W Kennedy Blvd Suite 240, Tampa, FL 33609

2. The Florida document number of this limited liability company is: M22000005394

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/21/2022

**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: C T Corporation System

New Registered Office Address: 1200 S. 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.*

/s/ Madonna Cuddihy

If Changing Registered Agent, Signature of New Registered Agent

Madonna Cuddihy, Assistant Secretary



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:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>O</u>	<u>Jasmine Carcieri</u>	<u>One Turks Head Pl., Suite 1200</u>	<input type="checkbox"/> Add
		<u>Providence, RI 02903</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Barry M. Brant</u>	<u>200 S. Biscayne Blvd., 7th FL</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33131</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Altostratus Investments LLC</u>	<u>200 S. Biscayne Blvd., 7th FL</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33131</u>	<input checked="" type="checkbox"/> Remove
<u>PRES</u>	<u>Joseph G. Lubeck</u>	<u>4890 W Kennedy Blvd Suite 240</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33609</u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<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.

/s/ Joseph G. Lubeck

\_\_\_\_\_  
Signature of the authorized representative

Joseph G. Lubeck

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

**Filing Fee: \$25.00**