

Florida Department of State
Division of Corporations
Electronic Filing System
M22000010041

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.

((H220002532733))



H220002532733ABC-

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 : 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: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MBV R2G OWNER LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

2022 JUL 27 AM 10:36

2022 JUL 27 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUL 27 2022

K. Brumby

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: MBV R2G OWNER LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

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: M22 000010041

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 28, 2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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

APPROVED
AND
FILED

2022 JUL 27 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

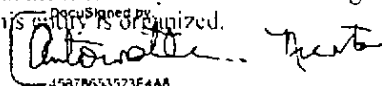
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

The Amendment changes the Member of the Entity and Authorized Persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	MBV R2G REIT LLC	19 W 44th Street, Suite 1002	<input checked="" type="checkbox"/> Add
		New York, NY 10036	<input type="checkbox"/> Remove
Member	Brian Harper	19 W 44th Street, Suite 1002	<input type="checkbox"/> Add
		New York, NY 10036	<input checked="" type="checkbox"/> Remove
Member	Heather Ohlberg	19 W 44th Street, Suite 1002	<input type="checkbox"/> Add
		New York, NY 10036	<input checked="" type="checkbox"/> Remove
Member	Raymond Merk	19 W 44th Street, Suite 1002	<input type="checkbox"/> Add
		New York, NY 10036	<input checked="" type="checkbox"/> Remove
Member	Timothy Collier	19 W 44th Street, Suite 1002	<input type="checkbox"/> Add
		New York, NY 10036	<input checked="" 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

Antoinette Nicita

Typed or printed name of signee

Filing Fee: \$25.00

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:

Removing Members and adding Authorized Persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Michael Fitzmaurice	19 W 44th Street, Suite 1002	<input type="checkbox"/> Add
		New York, NY 10036	<input checked="" type="checkbox"/> Remove
Authorized Person	Michael Fitzmaurice	19 W 44th Street, Suite 1002	<input checked="" type="checkbox"/> Add
		New York, NY 10036	<input type="checkbox"/> Remove
Authorized Person	Brian Harper	19 W 44th Street, Suite 1002	<input checked="" type="checkbox"/> Add
		New York, NY 10036	<input type="checkbox"/> Remove
Authorized Person	Heather Ohlberg	19 W 44th Street, Suite 1002	<input checked="" type="checkbox"/> Add
		New York, NY 10036	<input type="checkbox"/> Remove
Authorized Person	Timothy Collier	19 W 44th Street, Suite 1002	<input checked="" type="checkbox"/> Add
		New York, NY 10036	<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

Typed or printed name of signee

Filing Fee: \$25.00

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:

Removing Members and adding Authorized Persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Raymond Merk	19 W 44th Street, Suite 1002	<input checked="" type="checkbox"/> Add
		New York, NY 10036	<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

Typed or printed name of signee

Filing Fee: \$25.00