

M230000000993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

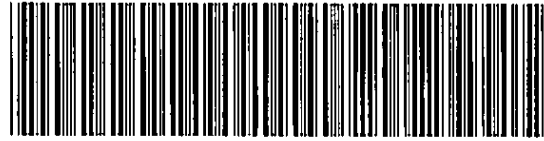
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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FILED
2023 JUN -1 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 JUN -1 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: June 01, 2023

Account#: I20000000088

Name: ERIC

Reference #: 2015683

Entity Name: NW MIAMI OWNER LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

Authorized Amount: \$25.00

Signature: *Eric Hood*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NW Miami Owner 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:

Melissa Aguirre

Name of Person

The John Buck Company

Firm/Company

151 N. Franklin, Suite 300

Address

Chicago, IL 60606

City/State and Zip Code

maguirre@tjbc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Aguirre at (312) 933-0267
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: NW Miami Owner LLC

Enter new principal office address, if applicable: 151 N. Franklin, Suite 300
Chicago, IL 60606
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 151 N. Franklin, Suite 300
Chicago, IL 60606
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000000993

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 25, 2023

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

FILED
2023 JAN 25 11 12 AM
STATE OF FLORIDA

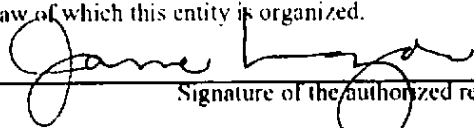
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Changing Member

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	NW Miami Investors, LLC	151 N. Franklin, Suite 300	<input checked="" type="checkbox"/> Add
		Chicago, IL 60606	<input type="checkbox"/> Remove
Member	NW Miami Holdings, LLC	15500 New Barn Road, Ste. 104	<input type="checkbox"/> Add
		Miami Lakes, FL 33014, Attn: Gustavo D. Alfonso	<input checked="" 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

Jeanne Lazar, Authorized Signatory

Typed or printed name of signee

Filing Fee: \$25.00

2023 JUN -1 PM 12:42
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 CLERK OF STATE
 TALLAHASSEE, FL