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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

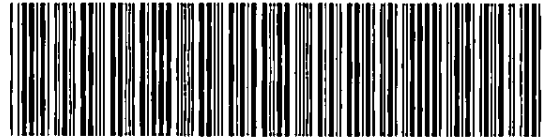
(Business Entity Name)

(Document Number)

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

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FILED  
2024 MAY 28 PM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Doral Marketplace, 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:

Cecil G. Petersson

Name of Person

Cushing, Morris, Armbruster & Montgomery, LLP

Firm/Company

191 Peachtree Street, N.E. - Suite 4500

Address

Atlanta, Georgia 30303

City/State and Zip Code

wade@sjventures.com

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

For further information concerning this matter, please call:

Cecil Petersson

at (404) 521-2323

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

check # 630914

CR2E055 (9/15)

FILED  
2024 MAY 28 PM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Doral Marketplace, 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: M23000003827

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 8, 2023

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

5. New name of the limited liability company: TGA SJC Doral Marketplace Owner LLC

(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

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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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  
 Jeff DeHart

Signature of the authorized representative

Jeffrey A. DeHart

Typed or printed name of signee

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 "DORAL MARKETPLACE, LLC", CHANGING ITS NAME FROM "DORAL MARKETPLACE, LLC" TO "TGA SJC DORAL MARKETPLACE OWNER LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF MAY, A.D. 2024, AT 4:58 O'CLOCK P.M.

FILED  
2024 MAY 28 PM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FL



  
Jeffrey W. Bullock, Secretary of State

6403297 8100  
SR# 20242372631

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203538352  
Date: 05-22-24

**CERTIFICATE OF AMENDMENT TO THE CERTIFICATE OF FORMATION  
OF  
DORAL MARKETPLACE, LLC**

(To be known henceforth as "TGA SJC Doral Marketplace Owner LLC")

1. The name of the limited liability company is Doral Marketplace, LLC (the "Company").

2. The Certificate of Formation of the Company is hereby amended as follows:

The name of the Company shall be changed from Doral Marketplace, LLC to **TGA SJC Doral Marketplace Owner LLC**.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment on behalf of the Company on the 15<sup>th</sup> day of May, 2024.

**DORAL MARKETPLACE, LLC**, a Delaware  
limited liability company

By: \_\_\_\_\_

Name: Jeffrey F. Montgomery

Title: Authorized Person

**FILED**  
2024 MAY 28 PM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FL