

MA 30004942

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H23000273023 3))



H230002730233AECW

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 : SAUL, EWING, ARNSTEIN & LEHR, LLP
Account Number : 120060000021
Phone : (561)833-9800
Fax Number : (561)655-5551

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

Email Address: _____

RECEIVED

2023 AUG -7 AM 11:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WESTPORT TH PHASE 1 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2023 AUG -7 PM 1:33

Electronic Filing Menu

Corporate Filing Menu

Help

AUG -8 2023

T. LEMIEUX

DocuSign Envelope ID: C35269D2-2152-4B26-B430-6B5B7F658455

(((H23000273023 3)))

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: WESTPORT III PHASE I LLC

Enter new principal office address, if applicable:

1780 POLK STREET, 11TH FLOOR

(Principal office address

ATTN: JACK LIPMAN

MUST BE A STREET ADDRESS)

HOLLYWOOD, FLORIDA 33020

Enter new mailing address, if applicable:

C/O OAKWOOD CAPITAL, ATTN: JACK LIPMAN

(Mailing address

P.O. BOX 817524

MAY BE A POST OFFICE BOX)

HOLLYWOOD, FLORIDA 33081

2. The Florida document number of this limited liability company is: M23000004942

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: APRIL 17, 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

(((H23000273023 3)))

DocuSign Envelope ID: C35269D2-2152-4B26-B430-6B5B7F658455

((1123000273023 3))

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:

CHANGE OF CURRENT MANAGER ADDRESS

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WESTPORT TH HOLDCO LLC	1780 POLK STREET, 11TH FLOOR	<input type="checkbox"/> Add
		HOLLYWOOD, FLORIDA 33020	<input checked="" type="checkbox"/> Remove
MGR	WESTPORT TH HOLDCO LLC	C/O OAKWOOD CAPITAL	<input checked="" type="checkbox"/> Add
		ATTN: JACK LIPMAN, P.O. BOX 817524	<input type="checkbox"/> Remove
		HOLLYWOOD, FLORIDA 33081	<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

DocuSigned by

Steven Adler

EC6B7FE2AEBE457

Signature of the authorized representative

STEVEN ADLER, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00

((1123000273023 3))