

M23000011258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

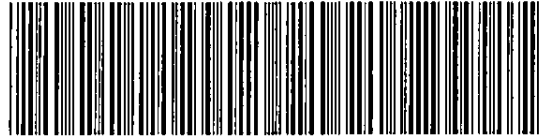
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600428437676

2024 APR 29 AM 9:37
STATE
OFFICE, FL
ED

RECEIVED
2024 APR 29 PM 4:28
DIPLOMA
OFFICE OF THE ATTORNS
TALLAHASSEE, FLORIDA

K. HUNT
02/29/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 04/29/24
Order #: 1495731-1
Re: Big Mifl2 Owner LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

APR 29 AM 9:37
DEPARTMENT OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIG MIFL2 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

2011 02 23 AM 9:37
TALLHASSEE, FL
DIVISION OF CORPORATIONS
STATE

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

For further information concerning this matter, please call:

Leo Schwartz at (215) 366-4457

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: BIG MIFL2 OWNER LLC

Enter new principal office address, if applicable: 2950 SW 27th Avenue, Suite 300

Miami, FL 33133
**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: 2950 SW 27th Avenue, Suite 300

Miami, FL 33133
**(Mailing address
MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M23000011258

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 08/28/2023

REC'D
CLERK
STATE
TALLHASSEE, FL
AUG 29 AM 9:37

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:

Corporation Service Company
Name of New Registered Agent:

1201 Hays Street
New Registered Office Address:

Enter Florida Street Address

Tallahassee, Florida 32301
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.

Shauna Godbolt

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)(e), indicate that change:
 Remove BIG PORTFOLIO PARENT LLC and REITER, MICHAEL, add FRONTIER SALISBURY LLC.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	BIG PORTFOLIO PARENT LLC	30 N LASALLE ST, SUITE 4140	<input type="checkbox"/> Add
		CHICAGO, IL 60602	<input checked="" type="checkbox"/> Remove
COO	REITER, MICHAEL	30 N LASALLE ST, SUITE 4140	<input type="checkbox"/> Add
		CHICAGO, IL 60602	<input checked="" type="checkbox"/> Remove
Sole MBR	FRONTIER SALISBURY LLC	2950 SW 27th Avenue, Suite 300	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA
 SECRETARY OF STATE
 TALLAHASSEE, FL
 2024 MAR 29 AM 9:37

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
 FRONTIER SALISBURY LLC, Sole Member
 By: Eric Gordon, its Manager

Typed or printed name of signee
 CSC AMEND-12116
Filing Fee: \$25.00