

M 23000013433

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
TLV RE MF VII PORT ST. LUCIE OWNER, LLC**

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

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S. ROBERTS

NOV - 9 2023

COVER LETTER

H23000388593

TO: Registration Section
Division of Corporations

SUBJECT: TLV RE MF VII Port St. Lucie 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:

Christina T. Rodriguez

Name of Person

c/o Haynes and Boone, LLP

Firm/Company

2801 N. Harwood Street, Suite 2300

Address

Dallas, Texas 75201

City/State and Zip Code

rforsythe@thirdlake.com

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

For further information concerning this matter, please call:

Robert Forsythe

at (813) 497.8100

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

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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: TLV RE MF VII Port St. Lucie 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: M23000013433

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: October 18, 2023

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

5. New name of the limited liability company: TLV RE MF V Port St. Lucie 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:

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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>
MBR	TLV RE MF VII Port St. Lucie Holding, LLC	1600 East 8th Avenue, Suite A137-A	<input type="checkbox"/> Add
		Tampa, Florida 33605	<input checked="" type="checkbox"/> Remove
MBR	TLV RE MF V Port St. Lucie Holding, LLC	1600 East 8th Avenue, Suite A137-A	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33605	<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.

/s/ Robert Forsythe
Signature of the authorized representative

Robert Forsythe

Typed or printed name of signer

November 8, 2023

Filing Fee: \$25.00

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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 "TLV RE MF VII PORT ST.
LUCIE OWNER, LLC", CHANGING ITS NAME FROM "TLV RE MF VII PORT
ST. LUCIE OWNER, LLC" TO "TLV RE MF V PORT ST. LUCIE OWNER,
LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF NOVEMBER, A.D.
2023, AT 6:28 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

2492773 8100
SR# 20233921774

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204547951
Date: 11-08-23

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CERTIFICATE OF AMENDMENT

TO THE

CERTIFICATE OF FORMATION

OF

TLV RE MF VII PORT ST. LUCIE OWNER, LLC

It is hereby certified that:

- FIRST:** The name of the limited liability company is TLV RE MF VII Port St. Lucie Owner, LLC (the "Company").
- SECOND:** Article First of the Certificate of Formation of the Company is hereby amended to read as follows:
- "The name of the limited liability company is TLV RE MF V Port St. Lucie Owner, LLC."
- THIRD:** The above-referenced amendment was duly adopted in accordance with all applicable provisions of the Limited Liability Company Act of the State of Delaware.
- FOURTH:** This Certificate of Amendment to the Certificate of Formation shall become effective upon its filing with the Secretary of State of the State of Delaware.

IN WITNESS WHEREOF, the undersigned executed this Certificate of Amendment to the Certificate of Formation as of the 7th day of November, 2023.

TLV RE MF VII PORT ST. LUCIE OWNER, LLC,
a Delaware limited liability company

/s/ Robert Forsythe
Robert Forsythe,
Authorized Person

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