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To:

Division of Corporations

Fax Number : (850)617-6383

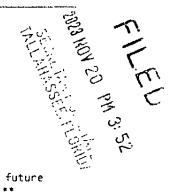
From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)280-3338

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 **BCDPF THE PALMS LLC**

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K. SALY

NOV 2 1 2023

From: Keity Toon

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 appear	rs on the records of the Florida Department of
State: BCDP	F The Palms LLC
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST RE A STREET ADDRESS</u>)	rs on the records of the Florida Department of F The Palms LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited li	ability company is: M23000014620
Jurisdiction of its organization:	DELAWARE
4. Date authorized to do business in Florida:	11/15/2023
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (mu	AREIT The Palms LLC st contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or m must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate nameC." or "L.L.C.")
6. If amending the registered agent and/or registered agent and/or the new registered office	and officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
-	City Florida Zip Code
the provisions of all statutes relative to the prope	ent and agree to act in this capacity. I further agree to comply with a and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Ov. if this we in the registered office address. I hereby confirm that the limited
— It	Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:						
itle/ Capacity	<u>Name</u>	Address	Type of Action			
			□Add			
			©Remo			
			□Add			
			- Fill Likemo			
			v⊙Add			
			⊓Remo			
			ÜAdd			
			□Renio			
			□Add			
			□Remo			
aforementioned an	ficate, if required: no more than 90 da nendment(s), duly authenticated by the the law of which this entity is organized.	e official having custody of recorded.	ds in the			
	Signature of the	authorized representative				
	£2.00	Authorized Person				

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'BCDPF THE PALMS LLC',

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'AREIT

THE PALMS LLC' ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2023, AT

2:26 O'CLOCK P.M.





Authentication: 204630835

Date: 11-20-23