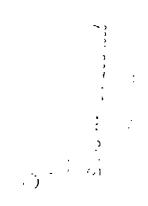


(Requestor's Name)
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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

10/16/2024

D	te: 10/16/2024	
	Acc#120160000072	
Name:	CL Collection at Midtown Miami FL LLC	
Document #:		
Order #:	15923768	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
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Thank you!

COVER LETTER

TO:	Registration Division of	Section Corporations			
SUBJ	FCT∙	CL COLLECTION AT	MIDTOWN	EMIAMI F	L LLC
3010	Le	Name of Foreign I	Limited Lia	bility Cor	npany
Dear S	Sir or Madam	:			
The e	nclosed applic	cation, certificate and fee(s) are	e submitted	I for filing	<i>!</i> .
Please	return all co	rrespondence concerning this i	natter to th	e followir	ng:
Nane	tte Blount, Enti	ty Manager			
		Name of Person			
CL Co	llection at Midt	own Miami FL LLC			
		Firm/Company			
3300	Enterprise Pkw	y.			
		Address			
Beac	hwood, OH 441	22			
		City/State and Zip Code		_	
_	curbline.com			_	
E-n	nail address: (to be used for future annual re	port notific	cation)	
For fu	ırther informa	tion concerning this matter, pl	lease call:	(prefer e	mail to: nblount@sitecenters.com
Nane	tte Blount, Enti	ty Managera	t (
	Nar	ne of Person	Area Co	de & Day	time Telephone Number
	P.O. Box 6	n Section f Corporations		Division The Co 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
	Enclosed is 5 Filing Fee 055 (9/15)	s a check for the following as \$30 Filing Fee & Certificate of Status	mount: □ \$55 Filin Certified		☐ \$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 appea			
State:CL COLLE	ECTION AT MIDTOWN MIAM	I FL LLC	
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited li			
3. Jurisdiction of its organization:	Delaware		<u> </u>
Date authorized to do business in Florida:	03/22/2024	·	<u> </u>
SECTION II (5-9 complete only the applicable			· ,
5. New name of the limited liability company: _ (mu			••
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	ianaging members adopting the	g business in Florida and alternate name. The alte	attach a rnate name
6. If amending the registered agent and/or registered agent and/or the new registered office	ered officer address on our reco address here:	rds, enter the name of the	e new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida Street Address	
		Florida	
	City	Zip Co	nde
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as registered accument is being filed to merely reflect a changliability company has been notified in writing of	gent and agree to act in this cap er and complete performance o istered agent as provided for in ge in the registered office addro	j my aunes, ana 1 am jam 1 Chapter 605, F.S. Or, if	this
- 1 f	Changing Registered Agent. S	ignature of New Register	red Agent

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	nd below additions are Officers and	Authorized Person(s)	
'itle/ Capacity	<u>Name</u>	Address	Type of Action
Authorized Person	Lesley H. Solomon	3300 Enterprise Pkwy.	
		Beachwood, OH 44122	□Remov
Authorized Person	April M. Ehrenbeit	3300 Enterprise Pkwy.	⊠Add
		Beachwood, OH 44122	□Remov
Authorized Person	Robert W. Siebenschuh	3300 Enterprise Pkwy.	⊠Add
		Beachwood, OH 44122	□Remov
Authorized Person Ar	Amanda M. Seewald	3300 Enterprise Pkwy.	⊠ Add
		Beachwood, OH 44122	□Remov
Authorized Person	Kerri Ryan	3300 Enterprise Pkwy.	⊠Add
		Beachwood, OH 44122	□Remov
aforementio	a certificate, if required: no more med amendment(s), duly authenti- under the lay sound by. Midual Owing	cated by the official having custody of records in the ganized.	:
		Authorized Person	

Filing Fee: \$25.00

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DOCUSIUM EMVETORE ID.	22211 275-001	^- ~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*******

Continuation

Fitle/ Capacity	<u>Name</u>	Address	Type of Action
Authorized Person	Christian E. Reddersen	3300 Enterprise Pkwy.	⊠Add