

To:

Page: 2 of 4

2024-11-05 11:57:41 EST

Saul Ewing LLP

From: Molina, Natasha

11/5/24 11:24 AM

Division of Corporations

M2400036826131

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.

((H24000368261 3))



H240003682613ABC%

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 LLP
Account Number : I20060000021
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: wjstamm@newgardgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTH TOWER BRICKELL LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV - 5 2024

2024 NOV -5 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 NOV -5 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H24000368261 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: SOUTH TOWER BRICKELL LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M24000006631

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MAY 23, 2024

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

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(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: N/A

New Registered Office Address: Enter Florida Street Address

City, Florida 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

(((H24000368261 3)))

FILED
2024 NOV - 5 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H24000368261 3)))

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SOUTH TOWER BRICKELL	1 SE 3RD AVENUE, SUITE 3050	<input type="checkbox"/> Add
	HOLDINGS, LLC		
		MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Remove
MGR	HARVEY HERNANDEZ	1 SE 3RD AVENUE, SUITE 3050	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<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.

Harvey Hernandez
Signature of the authorized representative

HARVEY HERNANDEZ

Typed or printed name of signee

Filing Fee: \$25.00

(((H24000368261 3)))

2024 NOV -5 PM 5: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED