

MD6000004006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

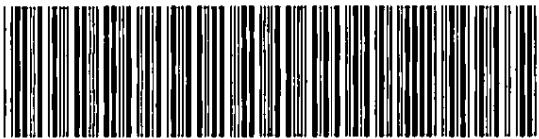
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
17 JUL 28 AM 11:08

FILED
2017 JUL 28 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FL 32310

K. SALY
AUG - 2 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 7/28/17
ACCT. I2016000072

eric SW

Name:	1100 West Properties LLC
Document #:	
Order #:	10577863

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

<input checked="" type="radio"/> Filing:	Certified:
	<input checked="" type="radio"/> Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2017

CT CORP

SUBJECT: 1100 WEST PROPERTIES, LLC
Ref. Number: M06000004006

*Corrected, delete
Keep original file
date*

We have received your document for 1100 WEST PROPERTIES, LLC and your check(s) totaling \$6000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00015341

DEPT. REGISTRY
17 AUG 11 AM 10:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1100 WEST PROPERTIES, 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:

LEGAL DEPARTMENT

Name of Person

SBE ENT Holdings, LLC

Firm/Company

475 Tenth Avenue, 11th Floor

Address

New York, NY 10018

City/State and Zip Code

legaldept@sbe.com

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

For further information concerning this matter, please call:

Cara Ciuffani at (212) 277-4173
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

CR2E055 (9/15)

**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: 1100 WEST PROPERTIES, LLC

Enter new principal office address, if applicable: c/o SBE ENT Holdings, LLC
475 Tenth Avenue, 11th Floor
New York, NY 10018

**(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: M06000004006

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 19, 2006

SECTION II (5-9 completed by 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 office address on our records, enter the name of the new registered office address here:

Name of New Registered Office

New Registered Office

Enter Florida Street Address

City, Florida Zip Code

New Registered Agent:
I hereby accept the provisions of all statutes and accept the obligations of this document as provided for in Chapter 605, F.S. Or, if this document is being filed to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature, if changing Registered Agent:

I am registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes and accept the obligations of this document as provided for in Chapter 605, F.S. Or, if this document is being filed to 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

FILED
2011 JUL 28 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2017 JUL 28 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

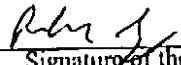
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Change of authorized person

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Richard Szymanski	475 Tenth Avenue	<input type="checkbox"/> Add
		New York, NY 10018	<input checked="" type="checkbox"/> Remove
Authorized Person	David Hammerley	475 Tenth Avenue	<input checked="" type="checkbox"/> Add
		New York, NY 10018	<input type="checkbox"/> Remove
Authorized Person	Jorge Giannattasio	475 Tenth Avenue	<input checked="" type="checkbox"/> Add
		New York, NY 10018	<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.


Signature of the authorized representative

Richard Szymanski
Typed or printed name of signee

Filing Fee: \$25.00