

M 1300000 0119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

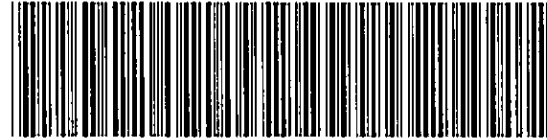
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

MAR 08 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1776 COLLINS MANAGEMENT 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:

V BEN-SADIH

Name of Person

SBE CALL CENTER MANAGEMENT LLC

Firm/Company

131 SPRING STREET 4th FLOOR

Address

NYC NY 10012

City/State and Zip Code

VERED.SADIH@SBE.COM

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

For further information concerning this matter, please call:

V BEN-SADIH

Name of Person

at (212) 277-4156

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

**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: 1776 COLLING MANAGEMENT LLC

Enter new principal office address, if applicable: 1891 MICHIGAN AVENUE

STE 530
**(Principal office address
MUST BE A STREET ADDRESS)**
MIAMI BEACH FL 33139

Enter new mailing address, if applicable:

131 SPRING STREET
**(Mailing address
MAY BE A POST OFFICE BOX)**
4TH FLOOR
NYC NY 10012

2. The Florida document number of this limited liability company is: M1300001119

3. Jurisdiction of its organization: DE

4. Date authorized to do business in Florida: 2/20/13

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

5. New name of the limited liability company: SBE CALL CENTER MANAGEMENT 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:

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<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

✓ BEN-SADIGII

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: 1776 Collins Management LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

name is being changed to
SBE Call Center Management LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 16th day of January, A.D. 2019.

By: 

Authorized Person(s)

Name: Philippe Zrihen

Print or Type