

M13000007100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

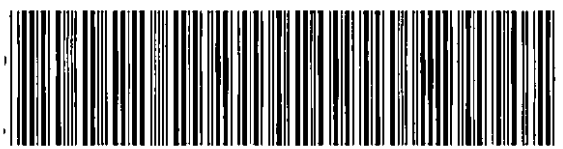
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2017 AUG - 3 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG - 3 PM 4:23
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TALLAHASSEE, FLORIDA

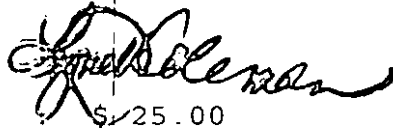
K. SALY
AUG - 4 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 754053 5012771

AUTHORIZATION



COST LIMIT : \$25.00

ORDER DATE : August 3, 2017

ORDER TIME : 3:40 PM

ORDER NO. : 754053-010

CUSTOMER NO: 5012771

FOREIGN FILINGS

NAME: 3500 HOTEL, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3500 HOTEL, 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:

LISA MATTSON
Name of Person

ACCESS INDUSTRIES, INC.
Firm/Company

730 FIFTH AVENUE, 20TH FLOOR
Address

NEW YORK, NEW YORK 10019
City/State and Zip Code

LMATTSON@ACCIND.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA MATTSON at (212) 247-6400
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

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)

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1. Name of limited liability Company as it appears on the records of the Florida Department of State: 3500 HOTEL, LLC

Enter new principal office address, if applicable: _____
(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: M13000007100

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: NOVEMBER 8, 2013

SECTION II (5-9 complete only 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 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

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

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:

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TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MANAGER	SBRE MANAGEMENT, LLC	3201 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<input type="checkbox"/> Remove
MANAGER	SERGIO JALIFE	3201 COLLINS AVENUE	<input type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<input checked="" type="checkbox"/> Remove
MANAGER	SCOTT GERAGHTY	3201 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<input type="checkbox"/> Remove
MANAGER	ALAN FAENA	3201 COLLINS AVENUE	<input type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<input checked="" type="checkbox"/> Remove
MANAGER	BRADLEY HAYDEN	3201 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<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

continued on next page

Typed or printed name of signee

Filing Fee: \$25.00

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

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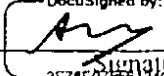
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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that

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TALLAHASSEE
FLORIDA

Title/ Capacity	Name	Address	Type of Action
MGR	ACCESS INDUSTRIES MANAGEMENT, LLC	3201 COLLINS AVENUE	<input type="checkbox"/> Add
		MIAMI BEACH, FLORIDA 33140	<input checked="" 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
			<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.

DocuSigned by:

Signature of the authorized representative

ALEJANDRO MORENO

Typed or printed name of signee

Filing Fee: \$25.00