Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone : (305)520-2344 Fax Number : (305)520-2400

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ema11	Address:	

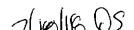
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MONGERS LLC**

Certificate of Status	. 0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI		_				
	Name	e of Foreign Li	mited Liabil	ity Compan	У	
Dear S	ir or Madam:					
The en	closed application, certificate	and fec(s) are	submitted fo	r filing.		
Please	return all correspondence con	cerning this m	atter to the f	ollowing:		
Kol	leen Cobb					
	Name of Per	son				
Flor	rida East Coast In	dustries	, LLC			5
•-	Firm/Compa	ny				
117	NE 1st Avenue	∍, 11th I	Floor			
	Address					٠
Mia	ami, FL 33132					
	City/State an	d Zip Code				٦.
	leen.Cobb@fed					
E-m	nail address: (to be used for fu	ture annual rep	ort notificat	ion)		
For fu	rther information concerning	this matter, ple	ase call:			
Bri	anna Hernande	Z at		, 520-2		
	Name of Person		Area Code	& Daytime	Telephone Number	
	STREET/COURIER ADD	RESS:			NG ADDRESS:	
	Registration Section				tion Section	
	Division of Corporations			Division P.O. Box	of Corporations	
	Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301	le			sec, Florida 32314	
	sed is a check for the follow		—	 -	[] 6 (p p p p p p p p p p p p p p p p p p	
= \$2	5 Filing Fee \$30 Filin Certificat	g Fee & e of Status	S55 Filia Certifie	-	S60 Filing Fee, Certificate of S Certified Copy	tatus &
CPORO	155 (0/15)				17	

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 appear State: Mongers LLC	s on the records of the Florida Department of		
Enter new principal office address, if applicable:	117 NE 1st Avenue, 11th Floor		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33132		
Enter new mailing address, if applicable:	117 NE 1st Avenue, 11th Floor		
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Miami, FL 33132		
2. The Florida document number of this limited li	ability company is: M1700008469		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 10	/03/2017 <u> </u>		
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (mu	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name." or "LLC.")		
6. It amending the registered agent and/or registered agent and/or the new registered office.	red officer address on our records, enter the name of the new address here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
	, Florida City Zip Code		
New Registered Apent's Signature, if changing R			

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.

8. If the amendment changes person, title (π capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Actio		
CFO, VP	Enderby, Heather	2855 Le Jeune Road. 4th Floor	🗌 Add		
		Coral Gables, FL 33134	Remov		
<u></u>			'Add		
		·	Remo		
			Add		
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			🗌 Add		
) Attached is	a certificate, if required: no more than 9	O days old, exidencing the	Remo		
aforementic	oned amendment(s), duly authenticated bunder the law of which this entity is organized.	y the official having custody of records in th	e		

Filing Fee: \$25.00