M18000000521

# Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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(((H18000220516 3)))

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)351-2122

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

Email Address: _____

FILED
18 JUL 31 AM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2018 JUL 31 PM 3:31

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## 13 PISTA, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $25.00 |

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H18000220516 3

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

FILED
18 JUL 31 AM 2:49
SECRETARY OF STATE
TALLAHASSEE, 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: 13 PISTA, 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: M17000000521

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/19/17

**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*

_____, 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

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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:

The newly elected manager of the Company is Nathalie Dreihann-Holenia.

| Title/ Capacity | Name | Address | Type of Action |
|---|---|---|---|
| MGR | Nathalie Dreihann-Holenia | 21500 BISCAYNE Blvd., Suite 401 | ■ Add |
| | | AVENTURA, FL 33180 | ☐ Remove |
| MGR | Adriana Faerman | 21500 BISCAYNE Blvd., Suite 401 | ☐ Add |
| | | AVENTURA, FL 33180 | ■ Remove |
| MGR | Aaron Weiss | 21500 BISCAYNE Blvd., Suite 401 | ☐ Add |
| | | AVENTURA, FL 33180 | ■ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ 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.

/s/Luis Carlos de Narvaez Steuer
Signature of the authorized representative

Luis Carlos de Narvaez Steuer
Typed or printed name of signee

Filing Fee: $25.00