

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L0200003183

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

From:  
 Account Name : CAPITOL SERVICES, INC.  
 Account Number : I20160000017  
 Phone : (855)498-5500  
 Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

2022 SEP -9 PM 4: 25

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 LIONSTONE DI LIDO RETAIL LESSOR, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

2022 SEP -9 PM 4: 55  
FILED

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lionstone Di Lido Retail Lessor, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier A. Granda  
Name of Person

c/o Lionstone Development  
Firm/Company

4100 N.E. 2nd Avenue, Suite 202  
Address

Miami, FL 33137  
City/State and Zip Code

javier@lionstone.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cayla Ross at ( 305 ) 854-0800  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
 Registration Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

**Street Address:**  
 Registration Section  
 Division of Corporations  
 The Centre of Tallahassee  
 2415 N. Monroe Street, Suite 810  
 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Lionstone Di Lido Retail Lessor, LLC

~~(Name of the Limited Liability Company as it now appears on our records.)~~  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/18/2002 and assigned Florida document number L02000034183.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Di Lido Beach Commercial Lessor LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)**

\_\_\_\_\_  
\_\_\_\_\_

**B. If amending the registered agent and/or registered office 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:

Javier A. Granda

New Registered Office Address:

4100 N.E. 2nd Avenue, Suite 202

*Enter Florida street address*

Miami

Florida

33137

*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.*

*JAG*  
**If Changing Registered Agent, Signature of New Registered Agent**

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lionstone Group, Inc.	4100 N.E. 2nd Avenue	<input type="checkbox"/> Add
		Suite 202	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
MGR	Diego Lowenstein	4100 N.E. 2nd Avenue	<input checked="" type="checkbox"/> Add
		Suite 202	<input type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
MGR	Javier Granda	4100 N.E. 2nd Avenue	<input checked="" type="checkbox"/> Add
		Suite 202	<input type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
MGR	Paul C. Kanavos	70 E 55th Street	<input checked="" type="checkbox"/> Add
		23rd Floor	<input type="checkbox"/> Remove
		New York, NY 10022	<input type="checkbox"/> Change
MGR	Dayssi Olarte de Kanavos	70 E 55th Street	<input checked="" type="checkbox"/> Add
		23rd Floor	<input type="checkbox"/> Remove
		New York, NY 10022	<input type="checkbox"/> Change
MGR	Ron Ben-Josef	104 West 40th Street	<input checked="" type="checkbox"/> Add
		9th Floor	<input type="checkbox"/> Remove
		New York, NY 10018	<input type="checkbox"/> Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ronen Ben-Josef	104 West 40th Street	<input checked="" type="checkbox"/> Add
		9th Floor	<input type="checkbox"/> Remove
		New York, NY 10018	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 9th, 2022

Signature of a member or authorized representative of a member
Javier Granda
Typed or printed name of signee