

M 0000000000 147

(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 SEP 19 PM 4:09

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2022 SEP 19 PM 9:01

9/20/2022



**COGENCYGLOBAL**

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TALLAHASSEE, FL 32301  
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COGENCYGLOBAL.COM

Date: **September 19, 2022**

Account#: I200000000088

Name: **KEN**

Reference #: **1787803**

Entity Name: **HOTEL AT MARINA BAY LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☒ **Amendment**

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL  
KEN:  
518-213-0738**

Authorized Amount: **\$25.00**

Signature: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOTEL AT MARINA BAY 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:

DEBORAH L. FECHIK

Name of Person

GREENSPOON MARDER LLP

Firm/Company

200 EAST BROWARD BLVD., SUITE 1800

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

lilian@taplinfallsllc.com

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

For further information concerning this matter, please call:

DEBORAH L. FECHIK

Name of Person

at ( 954 ) 527-6217

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

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

2022 SEP 19 AM 9:01

**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: HOTEL AT MARINA BAY 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: M00000000147

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: JANUARY 25, 2000

**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

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:

change to remove MGRM to add Manager

| <u>Title/ Capacity</u> | <u>Name</u>                                 | <u>Address</u>                                    | <u>Type of Action</u>                      |
|------------------------|---|---|--|
| <u>MGR</u>             | <u>FALLS AT MARINA BAY HOLDINGS, INC.</u>   | <u>13651 NW 4TH ST., PEMBROKE PINES, FL 33028</u> | <input checked="" type="checkbox"/> Add    |
|                        |   |   | <input type="checkbox"/> Remove            |
| <u>MGRM</u>            | <u>THE FALLS AT MARINA BAY HOLDINGS, LP</u> | <u>13651 NW 4TH ST., PEMBROKE PINES, FL 33028</u> | <input type="checkbox"/> Add               |
|                        |   |   | <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            |

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.

Deborah L. Fechik

Signature of the authorized representative

Deborah L. Fechik

Typed or printed name of signee

**Filing Fee: \$25.00**