# M0200003413

<del></del>	(Requestor's Name)	
	(Address)	<u>.</u>
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<del></del>
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

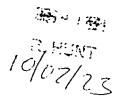




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2023 OCT -2 PHI2: 40





#### Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/02/2023	-	**WALK	
ENTITY NAME Catalina	a Shoppes FLA LLC		<del></del>
DOCUMENT NUMBER_			<del></del>
	**PLEASE FILE THE ATTACHED AND RETURN**	2023 GUT	MISION 6
	Plain Copy Certified Copy	-2 PKI	
	Certificate of Status	01:2149	17.72 2. 45 2.
**	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**		
	Certified Copy of Arts & Amendments		
	Certificate of Good Standing		
	**APOSTILLE' / NOTARIAL CERTIFICATION**		
COUNTRY OF DESTINA NUMBER OF CERTIFICA			
TOTAL OWED \$55	ACCOUNT #: I20160000072	•	
Please call Tina at t	he above number for any issues or concerns. Thank you so	much!	

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

#### SECTION 1 (1-4 must be completed)

Name of limited liability Company as it appear	rs on the records of the Florida Department of		
State: Catalina Shoppes FLA LLC			
Enter new principal office address, if applicable:	c/o Robert Equities LLC		
(Principal office address	420 Lexington Avenue, Suite 1639		
MUST BE A STREET ADDRESS)	New York, New York 10170		
Enter new mailing address, if applicable:	c/o Robert Equities LLC		
(Mailing address MAY BE A POST OFFICE BOX)	420 Lexington Avenue, Suite 1639		
	New York, New York 10170		
2. The Florida document number of this limited li	ability company is: M02000003413		
Jurisdiction of its organization: Delaware	ability company is: M02000003413		
4. Date authorized to do business in Florida: Dec	tember 19, 2002		
SECTION II (5-9 complete only the applicable			
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 manust 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. C." or "LLC.")		
6. If amending the registered agent and/or registered agent and/or the new registered office a	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		
	City , Florida Zip Code		
the provisions of all statutes relative to the prope, and accept the obligations of my position as regis	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limited		

Operating A	Agreement amended to provide that Ca	atalina Shoppes FLA LLC will be managed	
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Manager	Catalina Shoppes Management I	c/o The Roberts Organization	\\_\_\_
		4 East 80th Street	
		New York, New York 10021	Ren
lember	The Kirk Roberts Trust	c/o The Roberts Organization	<b>=</b> Add
		420 Lexington Avenue, Suite 1639	
		New York, New York 10170	□Rem
Member The Kevin	The Kevin Roberts Trust	c/o The Roberts Organization	<b>_</b> Add
		420 Lexington Avenue, Suite 1639	
		New York, New York 10170	□Ren
			Ren
			□Ado
			2 PM
			⊒ <u>=</u> □Ren
aforementio	a certificate, if required: no more than 9 ned amendment(s), duly authenticated bunder the law of which this entity is orgonicated.	y the official having custody of records in the	t.c

Filing Fee: \$25.00