

M020000003413

(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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**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/02/2023

**\*\*WALK IN\*\***

ENTITY NAME Catalina Shoppes FLA LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

*Plain Copy*

*Certified Copy*

*Certificate of Status*

XXXXXXXXXX

2023 OCT -2 PM 12:40

FLA. ST.  
DIVISION OF CORP. & AGENCY

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$55

ACCOUNT #: I20160000072

*S. R. J. / J.*

Please call Tina at the 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 I (1-4 must be completed)**

1. Name of limited liability Company as it appears 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  
MUST BE A STREET ADDRESS) 420 Lexington Avenue, Suite 1639

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 liability company is: M02000003413

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: December 19, 2002

**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)(e), indicate that change:

Operating Agreement amended to provide that Catalina Shoppes FLA LLC will be managed by the member

| <u>Title/ Capacity</u> | <u>Name</u>                   | <u>Address</u>                   | <u>Type of Action</u>                      |
|------------------------|-------------------------------|----------------------------------|--|
| Manager                | Catalina Shoppes Management I | c/o The Roberts Organization     | <input type="checkbox"/> Add               |
|                        |                               | 4 East 80th Street               |  |
|                        |                               | New York, New York 10021         | <input checked="" type="checkbox"/> Remove |
| Member                 | The Kirk Roberts Trust        | c/o The Roberts Organization     | <input checked="" type="checkbox"/> Add    |
|                        |                               | 420 Lexington Avenue, Suite 1639 |  |
|                        |                               | New York, New York 10170         | <input type="checkbox"/> Remove            |
| Member                 | The Kevin Roberts Trust       | c/o The Roberts Organization     | <input checked="" type="checkbox"/> Add    |
|                        |                               | 420 Lexington Avenue, Suite 1639 |  |
|                        |                               | New York, New York 10170         | <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

Signature of the authorized representative

Kevin Roberts

Typed or printed name of signee

Filing Fee: \$25.00