

MO4000003284

(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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Office Use Only



700300754057

RECEIVED
17 JUL 28 AM 11:08

FILED
17 JUL 28 AM 10:58
FALLS CHURCH, VA
FALLS CHURCH, VA

D. SCOTT
AUG 2 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2017.

CT CORP
3458 LAKESHORE DR
TALLAHASSEE, FL 32312

SUBJECT: BEACH HOTEL ASSOCIATES LLC
Ref. Number: M04000003284

*Corrected, please
keep original file
date*

We have received your document for BEACH HOTEL ASSOCIATES LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call: (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 717A00015394

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JUL 28 AM 10:58
REC'D
17 AUG - 1 AM 10:58

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

7/28/17

ACCT. I20160000072

en: c SW

Name:	Beach Hotel Associates LLC
Document #:	
Order #:	10577865

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability	_____
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
W.P. Verifier	_____
Ref#	_____

Amount: \$ 25

FILED
17 JUL 28 AM 10:58
TALLAHASSEE, FL

**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: BEACH HOTEL ASSOCIATES LLC

Enter new principal office address, if applicable: c/o SBE ENT Holdings, LLC

(Principal office address

MUST BE A STREET ADDRESS)

475 Tenth Avenue, 11th Floor

New York, NY 10018

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: M04000003284

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 13, 2004

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

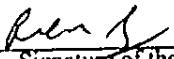
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Change of authorized person

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	Richard Szymanski	475 Tenth Avenue	☐ Add
		New York, NY 10018	☒ Remove
Authorized Person	David Hammerley	475 Tenth Avenue	☒ Add
		New York, NY 10018	☐ Remove
Authorized Person	Jorge Giannattasio	475 Tenth Avenue	☒ Add
		New York, NY 10018	☐ 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.


Signature of the authorized representative

Richard Szymanski

Typed or printed name of signee

Filing Fee: \$25.00