

105 000003771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

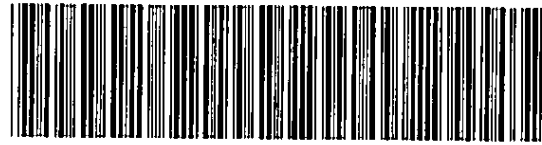
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/04/21--01005--021 **25.00

FILED
2021 NOV 23 AM 11:37
Clerk of Court
11/23/21

C. BRUMBLEY
NOV 24 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERSTATE-MCBEE OF FLORIDA, LTD. CO.
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:

Trent A. Rundell

Name of Person

Interstate-McBee, LLC

Firm/Company

4901 Lakeside Ave

Address

Cleveland, OH 44114

City/State and Zip Code

trundell@interstate-mcbee.com

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

For further information concerning this matter, please call:

Trent A. Rundell at (216) 535-0261

Name of Person 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:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**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: INTERSTATE-MCBEE OF FLORIDA, LTD. CO.

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)**

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SECRET

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99

2. The Florida document number of this limited liability company is: M05000003771

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: 7/7/2005

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Miami Operations, LLC
(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: Trent A. Rundell

New Registered Office Address: 9955 NW 58th Street

Enter Florida Street Address

Doral

City

Florida

33178

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.

Trent A. Rundell

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
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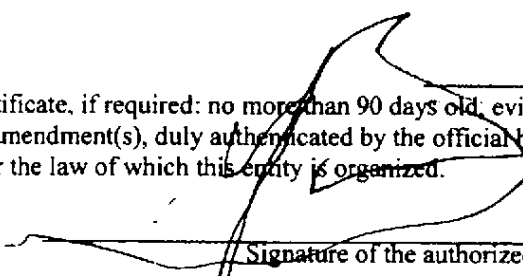
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_____	_____	_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

Alfred J. Buescher, Trustee, Member

Typed or printed name of signee

Filing Fee: \$25.00

FILED
 2021 MAY 23 AM 11:37
 REGISTERED MAIL
 STATE OF MISSISSIPPI

Form 543A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50
Form Must Be Typed

RECEIVED

MAR 01 2021

(CHECK ONLY ONE (1) BOX)

OHIO SECRETARY OF STATE

(1) Domestic Limited Liability Company

Amendment (129-LAM)

02/11/2014

Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:

INTERSTATE-MCBEE OF FLORIDA, LTD.

Name of Limited Liability Company

1251549

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Miami Operations, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "Ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

[Empty box for Purpose]

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Interstate-McBee of Florida, LTD

Signature

Matthew Harris Lucas

By (if applicable)

Matthew Harris Lucas, Counsel

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MIAMI OPERATIONS, LLC, an Ohio Limited Liability Company, Registration Number 1251549, was organized within the State of Ohio on September 10, 2001, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 23rd day of November, A.D. 2021.

Frank J. LaRose

Ohio Secretary of State

Validation Number: 202132703506