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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** == LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1906 COLLINS, LLC

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Help Y SULKER FEB 0 7 2022

From, Yanet Avila

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

2022-02-04 21:51:14 GMT

SECTION I (I-4 must be completed)

1. Name of limited liability Company as it appears	on the records of the Florida De	partment of
State: 1906 COLLINS, LLC		
Enter new principal office address, if applicable:		,
(<u>Principal office address</u> MUST BE A STREET ADDRESS)		ŋ22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TEB -4 PM12: E
2. The Florida document number of this limited lial	bility company is: M0700000663	<u> </u>
Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 11/08	3/2007	
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company:(must	centain "Limited Liability Com	pany, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting by naging members adopting the alto" or "LLC.")	isiness in Florida and attach a emate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	ed officer address on our records, idress here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Entry Plante	Street Address
	City	, Florida
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capact and complete performance of my ered agent as provided for in Ch in the registered office address,	duties, and Lam familian with appeter 605, F.S. Or, If this
	hanging Registered Agent, Sign:	ture of New Registered Agent

Page: 4 of 5

8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(c), indicate that change:					
Fitle/ Capacity	<u>Name</u>	<u>Address</u> I	voc of Action		
Manager	Hr. Hospitality Group Management Inc.	999 Brickell Ave., #600, Miami, FL 33131	\(\beta\) Add		
			□Remov		
Manager	Christophe Caucino	1906 Collins Ave., Miami Beach, FL 33139	□Add		
		=Remov			
Momber	Christophe Caucino	1906 Collins Ave., Miami Beach, FL 33139	□∧dd		
		≅ Remov			
			□Remov		
		DAdd			
aforementio	under the law of which this entity is orga Signature of	the official having custody of records in the	□Remov		

To: +18506176383



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "1906 COLLINS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "1906 COLLINS, LLC" WAS FORMED ON THE ELEVENTH DAY OF OCTOBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

at corp.delaware.gov/autho

Authentication: 202390315

Date: 01-13-22