Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000123496 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008

: (850)777-2091 Fax Number : (770)220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

lddress:					
	lddress:	lddress:	lddress:	lddress:	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FINAVIA PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Monu

Help

K SALY APR 16 2019

COVER LETTER

Division of Corporations		
SUBJECT: Finavia Partners, LLC	.	
Name of Foreign I	Limited Liability Compa	ny
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this a	matter to the following:	
Lorna J. Virts		
Name of Person	 	
Smith, Gambrell & Russell, L	LP.	
Firm/Company		
1230 Peachtree Street NE, Su	ite 3100	
Address	<u> </u>	
Atlanta, GA 30309		1
City/State and Zip Code		
LVirts@sgrlaw.com		
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this matter, pl	lease call:	
Lorna J. Virts	,,404 ,815-	3580
Name of Person	Area Code & Daytim	
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	
Registration Section		
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	ssee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		Elece pur p
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status &
CR2E055 (9/15)		Certified Copy
, .	2	
		(((H19000123496 3))

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)

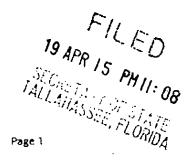
Name of limited liability Company as it appears State: Finavia Partners, LLC	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	75
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)	19 APR 15 PH 11: 08
2. The Florida document number of this limited lial	bility company is: M0900001055
3. Jurisdiction of its organization; Delaware	
4. Date authorized to do business in Florida: 3/1	7/2009
SECTION II (5-9 complete only the applicable c	:hanges)
5: New name of the limited liability company: M	SN 49952 Partners, LLC
(must	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, onter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C.	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name" or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	City Florida Zip Cade
the provisions of all statutes relative to the proper	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

3037.587.18 U

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
tle/ Capacity	<u>Name</u>	Address	Type of Action		
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			Reiñove		
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			Remove		
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			Remove		
<u> </u>			Add		
			Remove		
		~	Add		
aforemention	nder the law of which this orbit is an	by the official having custody of records in:t	Remove		

Filing Fee: \$25:00

A



Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT THE SAID 'FINAVIA PARTNERS, LLC'

FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO 'MSN 49952

PARTNERS, LLC'. ON THE TWELFTH DAY OF APRIL, A.D. 2019, AT 4:32

O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID 'MSN 49952

PARTNERS, LLC'. IS THE LAST KNOWN TITLE OF RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MSN 49952 PARTNERS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2009.



4659300 8321 5R# 20192826435 Authentication: 202642042 Date: 04-15-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

(((H19000123496 3)))