

M110000003627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

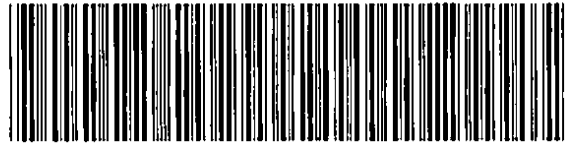
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

17 AUG -3 AM 11:49

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2017 AUG -3 PM 4:23

RECORDED

AUG 03 2017

Y SULKER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 754053 5012771

AUTHORIZATION

*[Handwritten Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : August 3, 2017

ORDER TIME : 3:41 PM

ORDER NO. : 754053-015

CUSTOMER NO: 5012771

FOREIGN FILINGS

NAME: 3420 COLLINS AVENUE, LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3420 COLLINS AVENUE, LLC  
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:

**LISA MATTSON**

Name of Person

**ACCESS INDUSTRIES, INC.**

Firm/Company

**730 FIFTH AVENUE, 20TH FLOOR**

Address

**NEW YORK, NEW YORK 10019**

City/State and Zip Code

**LMATTSON@ACCIND.COM**

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

For further information concerning this matter, please call:

**LISA MATTSON**

Name of Person

at ( **212** ) **247-6400**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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: 3420 COLLINS AVENUE, LLC

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

2. The Florida document number of this limited liability company is: M11000003627

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: JULY 19, 2011

## 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

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TALLAHASSEE FLORIDA

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

\_\_\_\_\_

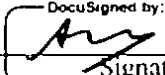
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

| <u>Title/ Capacity</u> | <u>Name</u>                 | <u>Address</u>                      | <u>Type of Action</u>                      |
|------------------------|-----------------------------|-------------------------------------|--|
| <u>MANAGER</u>         | <u>SBRE MANAGEMENT, LLC</u> | <u>3201 COLLINS AVENUE</u>          | <input checked="" type="checkbox"/> Add    |
|                        |                             | <u>MIAMI BEACH, FLORIDA 33140</u>   | <input type="checkbox"/> Remove            |
| <u>MGR</u>             | <u>SERGIO JALIFE</u>        | <u>3201 COLLINS AVENUE</u>          | <input checked="" type="checkbox"/> Add    |
|                        |                             | <u>MIAMI BEACH, FLORIDA 33140</u>   | <input checked="" type="checkbox"/> Remove |
| <u>MANAGER</u>         | <u>BRADLEY HAYDEN</u>       | <u>3201 COLLINS AVENUE</u>          | <input checked="" type="checkbox"/> Add    |
|                        |                             | <u>MIAMI BEACH, FLORIDA 33140</u>   | <input type="checkbox"/> Remove            |
| <u>MBR</u>             | <u>SAXONY BEACH, LLC</u>    | <u>730 FIFTH AVENUE, 20TH FLOOR</u> | <input type="checkbox"/> Add               |
|                        |                             | <u>NEW YORK, NY 10019</u>           | <input checked="" type="checkbox"/> Remove |
|                        |                             | _____                               | <input type="checkbox"/> Add               |
|                        |                             | _____                               | <input type="checkbox"/> Remove            |

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 LAHAINA COUNTY CLERK  
 DEPARTMENT OF REVENUE

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.

DocuSigned by:  
  
 Signature of the authorized representative  
3E76E07556124CB

**ALEJANDRO MORENO**

Typed or printed name of signee

Filing Fee: \$25.00