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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone : (614)280-3338 : (954)208-0845

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SYDELL INDIAN CREEK LLC

| Certificate of Status | 0 |
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D. BRUCE OCT 22 2019

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 | s on the records of the Florida Department of | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| State: Sydell Indian Creek LLC | | |
| Enter new principal office address, if applicable: | 2727 Indian Creek Drive | |
| (Principal office address MUST BE A STREET ADDRESS) | Miami Beach, Florida 33140 | |
| Enter new mailing address, if applicable: (Mailing address | 2727 Indian Creek Drive | |
| MAY BE A POST OFFICE BOX) | Miami Beach, Florida 33140 | |
| 2. The Florida document number of this limited lia | bility company is: M11000004057 | 2019 |
| 3. Jurisdiction of its organization: Delaware | ; , | 9 |
| 4. Date authorized to do business in Florida: 8/1 | 5/2011 | <u>~</u> |
| SECTION II (5-9 complete only the applicable of | ••• | 3 |
| 5. New name of the limited liability company: (must | t contain "Limited Liability Company," "L.L.C.," or "LLC.") | 17:41 |
| | for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name | ė |
| 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 diress here; | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida Street Address | |
| | | |
| | , Florida | |
| the provisions of all statutes relative to the proper and accept the obligations of my position as registi | it and agree to act in this capacity. I further agree to comply wi 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 | |

If Changing Registered Agent, Signature of New Registered Agent

| 8. If the amend | ment changes person, title or capacity i | in accordance with 605.0902 (1)(e), indicate that chan | ge: |
|-----------------|------------------------------------------|--------------------------------------------------------|-------------|
| Title/ Capacity | Name | Address Type | e of Action |
| MGRM | Y-S Hostel Real Estate LLC | 30 West 26th Street, 12th Floor, New York, NY 10010 | ∏Add |
| | | | Remove |
| MGRM | George Midco LLC | 2727 Indian Creek Drive, Miami Beach, FL 33140 | ■Add |
| | | | Remove |
| | | | |
| | | | Remove (|
| | | | 手 |
| | | | Remove |
| | | · | Add |
| | | | Remove |

jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Thomas V. Eagan, Attorney and Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00