

M1100005046
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

Email Address: _____

RECEIVED
2017 FEB -1 PM 4:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 FEB 01 AM 11:02
FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUMP ENDEAVOR 12 LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUMP ENDEAVOR 12 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:

DAVID COHEN
Name of Person

C/O TRUMP ORGANIZATION
Firm/Company

725 FIFTH AVENUE
Address

NEW YORK, NY 10022
City/State and Zip Code

dcohen@trumporg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL RUBERT at (305) 791-4199
Name of Person 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

CR2E055 (9/15)

**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: TRUMP ENDEAVOR 12 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: M11000005046

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10/07/2011

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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DEPARTMENT OF REVENUE

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

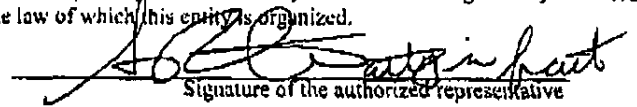
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>DONALD J. TRUMP, JR</u>	<u>725 FIFTH AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>NEW YORK, NY 10022</u>	<input type="checkbox"/> Remove
<u>VP / TREASURER / SECRETARY</u>	<u>ALLEN WEISSELBERG</u>	<u>725 FIFTH AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>NEW YORK, NY 10022</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>TRUMP ENDEAVOR 12 MANAGER CORP.</u>	<u>725 FIFTH AVENUE</u>	<input checked="" type="checkbox"/> Add
		<u>NEW YORK, NY 10022</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>TRUMP ENDEAVOR 12 MANAGER CORP.</u>	<u>725 FIFTH AVENUE</u>	<input type="checkbox"/> Add
		<u>NEW YORK, NY 10022</u>	<input checked="" type="checkbox"/> Remove
<u>PRESIDENT / DIRECTOR / CHAIRMAN</u>	<u>ERIC TRUMP</u>	<u>725 FIFTH AVENUE</u>	<input type="checkbox"/> Add
		<u>NEW YORK, NY 10022</u>	<input checked="" 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

SAMUEL A. RUBERT - by PoA
Typed or printed name of signer

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRUMP ENDEAVOR 12 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 TWENTY-SEVENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUMP ENDEAVOR 12 LLC" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2011.

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



5048839 8300

SR# 20170503424

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

Handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 201947205

Date: 01-27-17