

0/6/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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From: Account Name : C T CORPORATION SYSTEM  
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2020 OCT -6 AM 8:30  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SYDELL HOSTEL MANAGER LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

5 page fax

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DATE OF 10/06/2020

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10/8/2020 10:13:57 AM PAGE 1/001 Fax Server



October 8, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SYDELL HOSTEL MANAGER LLC  
30 WEST 26TH STREET, 12TH FLOOR  
NEW YORK, NY 10010

SUBJECT: SYDELL HOSTEL MANAGER LLC  
REF: M11000006420

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

FAX Aud. #: H20000347601  
Letter Number: 320A00019643

# 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: Sydell Hostel Manager LLC

Enter new principal office address, if applicable: n/a

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable: n/a

**(Mailing address MAY BE A POST OFFICE BOX)**

2. The Florida document number of this limited liability company is: M11000006420

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/22/2011

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Freehand Hostel Manager LLC  
(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: n/a

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

FILED

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

n/a

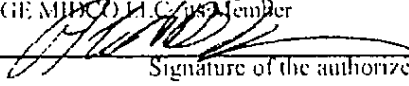
8. If the amendment changes person, title or capacity in accordance with 605.0902(1)(c), indicate that change:

n/a

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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.

GEORGE MIDCO LLC Member

By:  Signature of the authorized representative

Alastair Thomann, President

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

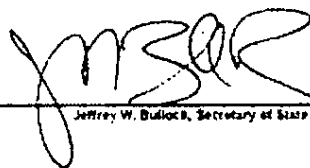
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SYDELL HOSTEL MANAGER LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "FREEHAND HOSTEL MANAGER LLC" ON THE SIXTH DAY OF OCTOBER, A.D. 2020, AT 10:19 O`CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

5080173 8320  
SR# 20207667481

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)