

M14000000055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

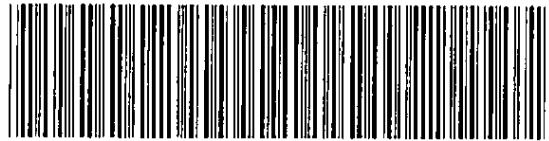
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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FILED
2024 SEP 25 AM 11:19
TALLAHASSEE, FLORIDA

09/25/24--01002--003 **55.00

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2024 SEP 25 PM 10:50
TALLAHASSEE, FLORIDA



Filing Cover Sheet

To: Florida Division of Corporations

From: Ronnie Campbell C/O Capitol Services, Inc.

Date: 9/25/2024

Trans#: 1496319

Entity Name: LINCOLN CENTURION RETAIL LLC - M14000000055

Articles Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other ()

Articles of Amendment (XXX)

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation ()

STATE FEES PREPAID WITH CHECK #4172 FOR \$55.00

PLEASE RETURN:

Certified Copy (XXX) , Plain Photocopy ()

Good Standing () Certificate of Fact ()

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINCOLN CENTURION RETAIL 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:

Fabio Giallanza

Name of Person

Weiss Serota Helfman Cole and Bierman

Firm/Company

2800 Ponce de Leon Blvd, Suite 1200

Address

Coral Gables, FL 33134

City/State and Zip Code

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

For further information concerning this matter, please call:

Fabio Giallanza

at (754) 245-0346

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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: LINCOLN CENTURION RETAIL, 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: M1400000055

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/02/2014

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

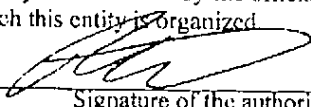
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ralph Tawil	500 5th Avenue, 39th Floor	<input type="checkbox"/> Add
		New York, NY 10110	<input checked="" type="checkbox"/> Remove
AMBR	Albert Cohen	500 5th Avenue, 39th Floor	<input type="checkbox"/> Add
		New York, NY 10110	<input checked="" type="checkbox"/> Remove
MGR	Ralph Tawil	500 5th Avenue, 39th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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


Signature of the authorized representative

Ralph Tawil

Typed or printed name of signee

Filing Fee: \$25.00

RECORDS SECTION
TALLAHASSEE, FLORIDA

2024 SEP 25 AM 11:20

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