Division of Corporations Electronic Filing Cover Sheet

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Electronic Filing Menu

Corporate Filing Menu

Help

From; Ranae McGraw

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 appear	rs on the records of the Florida Dep	partment of		
State: Rushy Marsh Farm LLC				
Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable:	of McCourt Global, Inc.			
(<u>Mailing address</u> <u>MAYBE A POST OFFICE BOS</u>)	888 Seventh Avenue, 16th Floor			
	New York, NY 10106	21 A		
2. The Florida document number of this limited lia	2021 AUG 34 AM IO: 17			
3. Jurisdiction of its organization: Massachusetts		AM AM		
4. Date authorized to do business in Florida: Marc		0: RATE		
SECTION II (5-9 complete only the applicable	changes)	7		
5. New name of the limited liability company; (mus	st contain "Limited Liability Comp	any, ""L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	d for the purpose of transacting bus tragging members adopting the alter C." or "LLC.")	iness in Florida and attach a mate name. The alternate name		
6. If amending the registered agent and/or registered agent and/or the new registered office a	ed officer address on our records. g	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida S	Street Address		
_		Florida		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity r and complete performance of my tered agent as provided for in Cha r in the registered office address, I	: I further agree to comply with duties, and I am familiar with pter 605, F.S. Or, if this		

From; Ranae McGraw

Title/ Capacity	Name	Address Ty	ne of Actic
Manager	Felipe Buitrago	e/o McCourt Global, Inc	_ ≘ Add
		888 7th Ave., FL 16, New York, NY 10106	□Rem
<u></u>			_ ⊏∧dd
			Rem
			2021 A∯G 34
			A£ 10 : 17 Add
			Rem
			_⊟Add
aforementio	a certificate, if required: no more ned amendment(s), duly authent under the law of which this entit	than 90 days old, evidencing the icated by the official having custody of records in the y is organized.	_ □Rem