M15000000340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

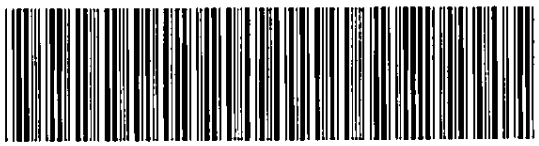
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700441599557

12/27/24--01001--019 **25.00

FILED
2024 DEC 30 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 DEC 26 PM 3:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Setai Hotel Acquisition 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:

Daniel F. Benavides
Name of Person

Sandman Savrann PLLC
Firm/Company

1250 South Miami Ave. #3501
Address

Miami, Florida 33130
City/State and Zip Code

dbenavides@sandsav,com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel F. Benavides at (305) 420-6478
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:

☒ $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)

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: MISTY 12/26

	CERTIFIED COPY	
XX	PHOTOCOPY	
	CUS	
XX	FILING	LLC AMEND

1. SETAI HOTEL ACQUSITION LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2024

CORPORATE ACCESS, INC.

SUBJECT: SETAI HOTEL ACQUISITION LLC
Ref. Number: M15000000340

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 624A00027920

RECEIVED
2024 DEC 30 PM 2:11

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: Setai Hotel Acquisition 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) _____

_____

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2024 DEC 30 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The Florida document number of this limited liability company is: M15000000340

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 2/19/2015

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

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:

Title/ Capacity	Name	Address	Type of Action
MGR	MOUNAYYER , SALEM	1400 BROADWAY	☐Add
		NEW YORK, NY 10018	X☐Remove
MGR	MARCUS, NATHAN	1385 BROADWAY, 7TH FLOOR	X☐Add
		NEW YORK, NY 10018	☐Remove
MGR	GINDI, DAVID	1385 BROADWAY, 7TH FLOOR	X☐Add
		NEW YORK, NY 10018	☐Remove
			☐Add
			☐Remove
			☐Add
			☐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

DANIEL F. BENAVIDES

Typed or printed name of signee

Filing Fee: $25.00

FILED
2024 DEC 30 AM 9:35
TALLAHASSEE, FLORIDA