Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000156768 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: RITTER, ZARETSKY, LIEBER & JAIME, LLP

Account Number: I20010000015 Phone

: (305)372-0933

Fax Number

: (305)704-8111

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLSEN HOTEL RESTAURANT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

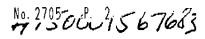
JUN 26 2015

Y SULKER

Electronic Filing Menu

Corporate Filing Menu

Help



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 Compa	any as it appears on the records of the Florida Department of	
State: OLSEN HOTEL	RESTAURANT GROUP LLC	
****	s limited liability company is: M1500000829	
3. Jurisdiction of its organization: DE4. Date authorized to do business in Fl	orida: 02/02/2015	
SECTION II (5-9 complete only the a	applicable changes)	
5. New name of the limited liability co	ompany: N/A (must contain "Llimited Llability Company, ""L.L.C.," or "LLC.")	
consent of the managers or managing members ador Company," "L.U.C." or "LLC.") 6. If amending the registered agent and	for the purpose of transacting business in Florida and attach a copy of the written pting the alternate name. The alternate name must contain "Limited Liability or registered office address on our records, enter the name of	
the new registered agent and/or the new		
Name of New Registered Agent:	WA SPECIAL PROPERTY OF THE PRO	ري ارگ
New Registered Office Address:	<u> </u>	E
·	, Florida	χη - { -
_	Ciry Zip Code -	-
comply with the provisions of all statut duties, and I am familiar with and acce provided for in Chapter 605, F.S. Or, i	changing Registered Agent: sistered agent and agree to act in this capacity. I further agree tes relative to the proper and complete performance of my tept the obligations of my position as registered agent as if this document is being filed to merely reflect a change in the firm that the limited liability company has been notified in	
-	If Changing Registered Agent, Signature of New Registered Agent	
7. If the amendment changes the jurisce N/A	diction of organization, indicate new jurisdiction:	

H150001567683

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

ADDING MANAGING MEMBER

Title/ Capacity	Name	Address	Type of Action	
MGMB	RONI MAULEM	7300 OCEAN TERRACE, CU-1		
		MIAMI BEACH FL	- 33 141 Remove	
			☐ Remove	
			D Add	
			□ Remove	
	·		2015 Jan 25	
			25 P	

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

RONI MAULEM, MANAGING MEMBER

Typed or printed name of signee

Filing Fee: \$25.00

HIS 001567683