

4/13/22, 1:17 PM

Division of Corporations

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**MIS 0000 2041**

**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.**

(((H22000134523 3)))



H220001345233ABCW

**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

PLEASE HONOR  
THE ORIGINAL  
FILING DATE OF  
4/13/22, THANKS!

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (954)208-0845  
Fax Number : (614)573-3996

2022 APR-13 AM 10:04

APPROVED  
AND  
FILED

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

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## ISTAR FLORIDA 2015 CINEMAS LLC

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

PLEASE HONOR THE  
ORIGINAL FILING  
DATE OF 4/13/22,  
THANKS!

2022 JUN 15 PM 3:25

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 16 2022

K. Brumbley

# 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: iStar Florida 2015 Cinemas LLC

Enter new principal office address, if applicable: 1001 Pennsylvania Avenue NW

(Principal office address  
MUST BE A STREET ADDRESS)

Washington, DC 20004

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

1001 Pennsylvania Avenue NW

Washington, DC 20004

2. The Florida document number of this limited liability company is: M15000002041

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 18, 2015

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

5. New name of the limited liability company: CNLIEMARK 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: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

City

Florida

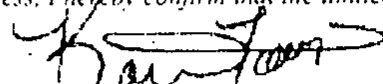
33324

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.*

BY: KAITY TOON, ASST. SECY



If Changing Registered Agent, Signature of New Registered Agent

APPROVED  
AND  
FILED  
2022 APR 18 AM 10:04

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:

\_\_\_\_\_

<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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

Roger Cozzi, 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 "ISTAR FLORIDA 2015  
CINEMAS LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS  
NAME TO "CNLI EMARK LLC" ON THE TWENTY-FIRST DAY OF MARCH, A.D.  
2022, AT 11:31 O'CLOCK A.M.



Jeffrey W. Bullock, Secretary of State

5709694 8320  
SR# 20221431700

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

Authentication: 203168754  
Date: 04-13-22