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PLEASE HONOR
ORIGINAL DATE
4/09/24**

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
299 N FEDERAL MASTER, LLC**

****2ND ATTEMPT;
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Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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PAGE

1/001

Fax Server



April 10, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

299 N FEDERAL MASTER, LLC
4200 CITY AVE
PHILADELPHIA, PA 19131US

SUBJECT: 299 N FEDERAL MASTER, LLC
REF: M15000005452

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete set of documents were not received.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY

FAX Aud. #: H24000129757

Regulatory Specialist II Supervisor
Registration Section

Letter Number: 824A00007780

COVER LETTER

H24000129757

TO: Registration Section
Division of Corporations

SUBJECT: 299 N FEDERAL MASTER, 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:

ADRIENNE NOTO, ESQ.

Name of Person

GREENSPOON MARDER LLP

Firm/Company

600 BRICKELL AVENUE, SUITE 3600

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

eric_davies@wurzakhotels.com

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

For further information concerning this matter, please call:

ADRIENNE NOTO, ESQ.

Name of Person

at (305) 789-2733

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)

H24000129757

H24000129757

**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: 299 N FEDERAL MASTER, LLC

Enter new principal office address, if applicable: NOT APPLICABLE

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NOT APPLICABLE

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000005452

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 07/13/2015

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

5. New name of the limited liability company: NOT APPLICABLE
(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: NOT APPLICABLE

New Registered Office Address: Enter Florida Street Address

City, Florida 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

H24000129757

H24000129757

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

NOT APPLICABLE

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

NOT APPLICABLE

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MANAGER	ERIC DAVIES	4200 CITY AVE	<input type="checkbox"/> Add
		PHILADELPHIA, PA 19131	<input checked="" 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.

JAKE WURZAK

Signature of the authorized representative

Typed or printed name of signer

Filing Fee: \$25.00

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