

115000005865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

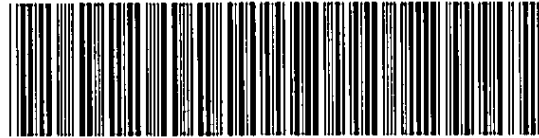
(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUN 14 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FL

Amend

JUN 29 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAENA ROSE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERAGHTY, SCOTT

Name of Person

FAENA ROSE LLC

Firm/Company

1444 BISCAYNE BLVD, SUITE 219

Address

MIAMI, FLORIDA 33132

City/State and Zip Code

Sgeraghty@faena.com

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

For further information concerning this matter, please call:

GERAGHTY, SCOTT

908
at ()

251-7702

Name of Person

Area Code

Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 14 PM 1:30

15000005865
MAY 17 2021

April 21, 2021

SCOTT GERAGHTY
FAENA ROSE LLC
1444 BISCAYNE BLVD., SUITE 219
MIAMI, FL 33132

SUBJECT: FAENA ROSE LLC
Ref. Number: M15000005865

We have received your document for FAENA ROSE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. 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.

Diane Cushing
Senior Section Administrator

Letter Number: 921A00008273

**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: FAENA ROSE LLC

Enter new principal office address, if applicable: N/A

(Principal office address
MUST BE A STREET ADDRESS) N/A

Enter new mailing address, if applicable: N/A

(Mailing address
MAY BE A POST OFFICE BOX) N/A

2. The Florida document number of this limited liability company is: MI5000005865

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/24/2015

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

5. New name of the limited liability company: N/A
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

N/A

(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: N/A

New Registered Office Address: N/A

Enter Florida Street Address

N/A N/A
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

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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

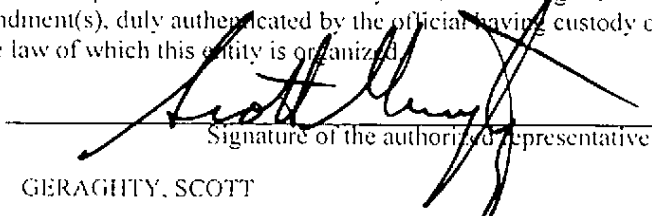
N/A

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

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BELCHER, KENNETH	730 FIFTH AVE - 20TH FLOOR	<input type="checkbox"/> Add
		NEW YORK, NY 10019	<input checked="" type="checkbox"/> Remove
MGR	DOMINGUEZ, VERONICA	730 FIFTH AVE - 20TH FLOOR	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10019	<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

GERAGHTY, SCOTT

Typed or printed name of signee

Filing Fee: \$25.00