

M15 000000 5873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

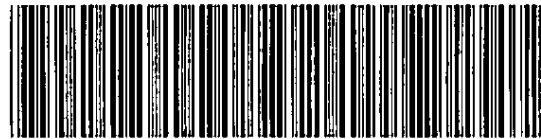
Certified Copies _____ Certificates of Status _____

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02/19/21--01020--029 **25.00

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2021 JUN 14 PM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Amend

AUG 10 2021

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 JUN 14 PM 1:30

April 19, 2021

SCOTT GERAGHTY
1444 BISCAYNE BLVD
SUITE 219
MIAMI, FL 33132

SUBJECT: FAENA HOTEL MANAGEMENT, LLC
Ref. Number: M15000005873

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 LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 221A00008042

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAENA HOTEL MANAGEMENT, 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:

GERAGHTY, SCOTT

Name of Person

FAENA HOTEL MANAGEMENT, LLC

Firm/Company

1444 BISCAYNE BLVD STE 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

Name of Person

at (908) 251-7702

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

**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 HOTEL MANAGEMENT, LLC

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

(Principal office address

MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

N/A

N/A

N/A

2. The Florida document number of this limited liability company is: M15000005873

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/24/2015

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 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

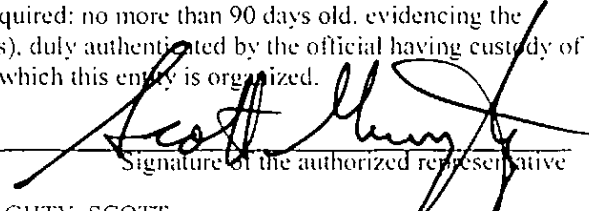
N/A

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