Florida Department of State

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.

(((H16000004395 3)))



H160000043953ABC

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

TOS

Division of Corporations

Fax Number : (850)617-6383

From

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $\sum_{i=1}^{n} c_{i}$

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6034 HOLLYWOOD LLC

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$25.00

K. SALY EXAMINER

1/001 Fax Server



January 7, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

6034 HOLLYWOOD LLC 1920 S. OCEAN DRIVE, # 7D HALLANDALE BEACH, FL 33009

SUBJECT: 6034 HOLLYWOOD LLC

REF: M16000000081

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.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H16000004395 Letter Number: 816A00000360

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO I	FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSAC	T
BUSINESS IN FLORIDA	2

SECTION I (1-4 must be completed) 1. Name of limited liability Company as it appears on the records of the Florida Department of 2024 Hollywood U.C.

BUSINESS IN F		TO TRAIN	2016	5 PM 2: 42
SECTION I (1-4 must	be completed)		The second second	Land Market
. Name of limited liability Company as it appears on the recom-	ds of the Florida Depar	nument of		2 661
State: 6034 Hollywood LLC			# A A	2
Enter new principal office address, if applicable:				5
Principal office midress MUST BE A STREET ADDRESS)			<u> </u>	
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)				
2. The Florida document number of this limited liability compar	ny is:			
3. Jurisdiction of its organization: Delaware				
4. Date authorized to do business in Florida: 1/5/2016				
SECTION II (5-9 complete only the applicable changes)				
5. New name of the limited liability company: 1129 NW 3	3rd Street LLC			
(must contain "Lir	mited Liability Compar	ny, " " L .L.Ç.," (or "LLC.")	
(If name unavailable, enter alternate name adopted for the purposopy of the written consent of the managers or managing membrust contain "Limited Liability Company," "L.L.C." or "LLC."	ers adopting the altern	ness in Florida sate name. The s	and attach a Elemate name	
 If amending the registered agent and/or registered officer address here; 	iress on our records, <u>en</u>	iter the name of	the new	
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida Sti	reet Address		
		Florida		
	City		Code	

New Registered Agent's Signature, if changing Registered Agent:

I haveby 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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

If the amendment	changes person, title or ca	pacity in accor	dance with 605.0902 (1 Xe), indicate t	hai change:
rle/ Capacity	Name		Address	Type of Action
	·	 .		Add
		·		Remove
				Remove
				Remove
				Add
				Remove
-				Add
				Remove
aforementioned a	ificate, if required: no mo mendment(s), duly autho the law of which this en	nticated by the	official having custody of records in	the
	S	gnature of the	anthorized representative	
	Andrew [). Lev		

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 "1129 NW 3RD STREET LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2016.

AND I DO HERSBY FURTHER CERTIFY THAT THE SAID "1129 NW 3RD STREET LLC" WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5928241 8300 SR# 20160079442

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201627276

Date: 01-06-16

1.

State of Delaware
Scoretary of State
Dividos of Corporations
Delivered 02:28 PM 01/06/2016
FILED 02:28 PM 01/06/2016
SR 20160074103 FB Number 5928241

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

limited :	bility compan liability et LLC	y is hereby amend company is:	
limited :	liability et LLC	company is:	
3rd Stree	et LLC	· · · · · · · · · · · · · · · · · · ·	
undersigned h		this Certificate o	n
_	nave executed	this Certificate o	n
_	nave executed	this Certificate o	n
_	nave executed	this Certificate o	 n
_	TRYE EXECUTED	this celuiteste o	n,
		, A.D. 2016	
D.,,		Z	
<i>Dy</i>	Authorize	d Person(s)	
. Nome-And	irew D. Le	evv	
Latertier			
	_ ,,,,		Mary Control
			12 T
			(C)
	By:	Authorize	By: Authorized Person(s) Name: Andrew D. Levy Print or Type