06/15/2018 12 13/24 6/14/2018 da 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.

(((H180001783963)))



H180001783963ABCA

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

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : 120020000144 Phone : (305)520-2344 : (305)520-2400 Fax Number

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

Email Address:_

Q)

LLC AMND/RESTATE/CORRECT OR M/MG RESIG DTS 3MC PARKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

B FIGUEROA JUN 18 2018

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DTS 3MC Parking L		
Name of Foreign Li	mited Liability Company	у
Dear Sir or Madam:		
The enclosed application, certificate and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Kolleen Cobb		
Name of Person		
Florida East Coast Industries	, LLC	
Firm/Company		
117 NE 1st Avenue, 11th	Floor	
Miami, FL 33132 City/State and Zip Code		
Kolleen.Cobb@feci.com E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, ple		0.107
Brianna Hernandez	305 , 520-	
Name of Person	Area Code & Daytime	: Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	Registra Divisior P.O. Bo	NG ADDRESS: tion Section to of Corporations x 6327 ssee, Florida 32314
Enclosed is a check for the following amount: \$\begin{align*}	S55 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 1 (1-4 must be completed)

Enter new principal office address, it applicable	117 NE 1st Avenue, 11th Floo	r		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33132			
Enter new mailing address, if applicable:	117 NE 1st Avenue, 11th Floor			
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33132			
2. The Florida document number of this limite	d liability company is: M16000004619	> . 	JUK 15	
2. The Florida document number of this limited liability company is: M1600004619 3. Jurisdiction of its organization: Delaware 4. Date authorized to do business in Florida: 6/08/2016		5 × 7 × 7 × 7 × 7 × 7 × 7 × 7 × 7 × 7 ×	5 P H	
		52	2: 2	
4. Date authorized to do business in Florida:	0/00/2010	· · · · · · · · · · · · · · · · · · ·	\sim	
4. Date authorized to do business in Florida: SECTION II (5-9 complete only the application)		₹.	124	
4. Date authorized to do business in Florida: SECTION II (5-9 complete only the applica 5. New name of the limited liability company (If name unavailable, enter alternate name ad	(must contain "Limited Liability Company," "L.L. opted for the purpose of transacting business in Flantage managing members adopting the alternate name	orida und u	LC.")	
4. Date authorized to do business in Florida: SECTION II (5-9 complete only the applica 5. New name of the limited liability company (If name unavailable, enter alternate name ad- copy of the written consent of the managers of must contain "Limited Liability Company," " 6. If amending the registered agent and/or reg- registered agent and/or the new registered off Name of New Registered Agent:	(must contain "Limited Liability Company," "L.L. opted for the purpose of transacting business in Flor managing members adopting the alternate name L.L.C." or "LLC.") distered officer address on our records, enter the managing address here:	orida and a The altern	LC.") ttuch a	
4. Date authorized to do business in Florida: SECTION II (5-9 complete only the applica 5. New name of the limited liability company (If name unavailable, enter alternate name ad- copy of the written consent of the managers of must contain "Limited Liability Company," " 6. If amending the registered agent and/or reg- registered agent and/or the new registered off Name of New Registered Agent:	interest officer address on our records, enter the natice address here:	orida and a The altern ame of the	LC.") ttuch a ate nam	

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
itle/ Capacity	<u>Name</u>	Address	Type of Action		
CFO, VP	Enderby, Heather	2855 LE Jeune Road, 4th Floo	or		
		Coral Gables, FL 33134			
CFO, VP	Swiatek, Jeffrey C.	161 NW 6th Street, Suite	900 • Add		
		Miami, FL 33136			
······ •			Add		
			Remov		
			Remove		
	<u> </u>		Ped		
aforementi	s a certificate, if required: no more than ioned amendment(s), duly authenticated in under the law of which this entity is or	by the official having custody of fections if	n the		

06/15/2018 12:13:24 PM FAXCOM Anywhere

PAGE 2 OF 6

850-617-6381

6/15/2018 8:54:08 AM PAGE 1/001 Fax Server



June 15, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DTS 3MC PARKING LLC 2855 LE JEUNE RD 4TH FLOOR CORAL GABLES, FL 33134US

SUBJECT: DTS 3MC PARKING LLC

REF: M16000004619

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 form you submitted is for a FL LLC, but your entity is a FOREIGN LLC. 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) 245-6051.

Dionne M Scott Regulatory Specialist II FAX Aud. #: H18000178396 Letter Number: 018A00012476

15 PHIZ: U.

Ø

P.O BOX 6327 - Tallahassee, Florida 32314