

11/6000005538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

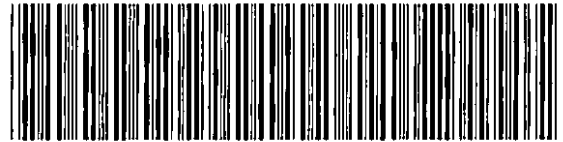
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600418065346

RECEIVED
DIVISION OF CORP. SECT.
2023 NOV -8 PM 12:40

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2023 NOV -8 PM 3:45

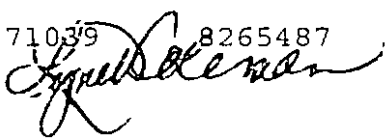
R. HUNT

11/08/23

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 071039 8265487

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : October 17, 2023

ORDER TIME : 1:36 PM

ORDER NO. : 071039-065

CUSTOMER NO: 8265487

2023 NOV - 8 PM 12:40
DIVISION OF CORPORATE AFFAIRS

FOREIGN FILINGS

NAME: LOHP IV, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
XX ☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
XX ☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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: LOHP IV, LLC

Enter new principal office address, if applicable:

C/O Loews Hotels & Co

(Principal office address
MUST BE A STREET ADDRESS)

9 West 57th Street 20th Floor

New York, NY 10019

Enter new mailing address, if applicable:

C/O Loews Hotels & Co

(Mailing address
MAY BE A POST OFFICE BOX)

9 West 57th Street 20th Floor

New York, NY 10019

2. The Florida document number of this limited liability company is: M16000005538

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 07/11/2016

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

5. New name of the limited liability company: _____
(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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **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

2023 NOV -8 PM 12:40
DIVISION OF CORPORATE & STATE AFFAIRS

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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

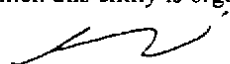
☐ Add

☐ Remove

☐ Add

☐ 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

Glenn Zarin

Typed or printed name of signee

Filing Fee: \$25.00