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.

(((H16000308863 3)))



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

TOI

Division of Corporations

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053

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.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHO-FINVARB BRICKELL LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

DEC 2 1 2016

Electronic Filing Menu

Corporate Filing Menu

Y STULKER

12/20/2016 16:15 . 5616941639

PAGE 03/06

850-617-6381

12/20/2016 9:03:57 AM PAGE 1/001 Fax Server



December 20, 2016

FLORIDA DEPARTMENT OF STATE

CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: C-F BRICKELL, LLC

REF: W16000084687

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 certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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.

Shelia H Young Regulatory Specialist II FAX Aud. #: E16000308863 Letter Number: 016A00026934

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 Comp | eny as it appears | on the records of the Flo | rida Departm | ent of | , |
|--|---|--|--|---|--|
| State: Cho-Finvarb Brid | kell LLC | | | | |
| Enter new principal office address | , if applicable: | 1065 Kane Cond | xourse, St | uite 201 | |
| (<u>Principal office address</u> MUST BE A STREET ADDRES. | S) | Bay Harbor Islar | ıds, Floric | la 33154 | |
| Enter new mailing address, if appl | icable: | 1065 Kane Cond | ourse, Si | uite 201 | |
| (Mailing address MAY BE A POST OFFICE BO) |) | Bay Harbor Islan | ids, Floric | ia 33154 | |
| 2. The Florida document number of | of this limited lis | bility company is: M16 | 0000067 | 18 | |
| 3. Jurisdiction of its organization: | Delaware | | | <u>.</u> | |
| 4. Date authorized to do business | in Florida: 08/ | 19/2016 | | | |
| SECTION II (5-9 complete only | | | | | 3 - 1 - C |
| 5. New name of the limited liabili | | -F BRICKELL, LLC contain "Limited Liabili | | " "L.L.C.," or | ٠٠٠٠ ال |
| (If name unavailable, enter alternate copy of the written consent of the must contain "Limited Liability Co | managers of than | aning members adopting | ting business the alternate | in Florida ar name. The al | nd effects a termete name |
| 6. If amending the registered agent registered agent and/or the new res | ristered office ad | dress here: | ecords, <u>enter</u> | the name of t | he now |
| Name of New Registered Agent: | Robert I. Fi | nvarb | | | |
| New Registered Office Address: | 1065 Kane | Concourse, Suite | | | |
| | Ba | <i>Enter I</i> y Harbor Islands | Torida Street | Address orida 3315 | 64 |
| • | | City | , MC | Zip (| Code |
| New Registered Agent's Signature. I hereby accept the appointment as the provisions of all statutes relative and accept the obligations of my pedocument is being filed to merely relability company has been notifications. | registered agen ve to the proper to osition as registe effect a change it in writing of thi | it and agree to act in this and complete performance and agent as provided for in the registered office ad | o of my duties in Chapter t dress, I hereb | s, and I am fa 505, B.S. Or, Toonfirm tha | miliar with If this at the limited |
| document is being filed to merely r | eflect a change i in writing of thi | n the registered office ad s change. | dress, I hereby | onfirm the | af the limited |

| itle/ Capacity | Name | Address | Type of Action |
|----------------|-------------------|---|----------------|
| MGR | Robert I. Finvarb | 1085 Karre Concourte, Suita 201, Bey Harbor Islands, Plants | 33954 ■ Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | · · | |
| | | | Remove |
| ··· | | , | Add sp |
| | | | Remove |
| | | | Add |
| | | | Remove |

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CHO-FINVARB BRICKELL

LLC" FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "C-F

BRICKELL, LLC", ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2016, AT

11 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C-F BRICKELL, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C-F ERICKELL, LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2016.

Authentication: 203552831

Date: 12-20-16

6128144 8321 SR# 20167181630

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