

Division of Corporations

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M1700001210
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H17000107834 3)))



I17000107834ABC-

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RENNERT, VOGEL, MANDLER & RODRIGUEZ, P.A.
Account Number : 076103002011
Phone : (305)577-4177
Fax Number : (305)533-1587

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
MAGIC CITY PROPERTIES XVII, LLC

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

RECEIVED
2017 APR 20 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APR 21 2017
J. HARRIS

FAX AUDIT NO.: H17000107834 3

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: Magic City Properties XVII, LLC

Enter new principal office address, if applicable: 1 SE 3rd Avenue, Ste. 2110

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1 SE 3rd Avenue, Ste. 2110

Miami, Florida 33131

2. The Florida document number of this limited liability company is: M17000001210

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/6/2017

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: George L. Helmstetter

New Registered Office Address: 1 SE 3rd Avenue, Ste. 2110

Enter Florida Street Address

Miami

City

Florida

33131

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.

Signature of New Registered Agent

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SECRETARY OF STATE DEPARTMENT OF CORPORATION

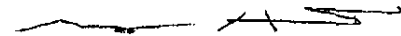
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
<u>AR</u>	<u>Helmstetter, George L.</u>	<u>1 SE 3rd Avenue, Ste. 2110</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, Florida 33131</u>	<input type="checkbox"/> Remove
<u>AR</u>	<u>Burns, Anthony</u>	<u>1 SE 3rd Avenue, Ste. 2110</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, Florida 33131</u>	<input type="checkbox"/> Remove
<u>AR</u>	<u>Fairman, Neil</u>	<u>1 SE 3rd Avenue, Ste. 2110</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, Florida 33131</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Zangrillo, Robert</u>	<u>1521 Alton Road #352</u>	<input type="checkbox"/> Add
		<u>Miami Beach, FL 33139</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Cho, Tony</u>	<u>1521 Alton Road #352</u>	<input type="checkbox"/> Add
		<u>Miami Beach, FL 33139</u>	<input checked="" 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

George L. Helmstetter

Typed or printed name of signee

Filing Fee: \$25.00

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CORPORATE SERVICES

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