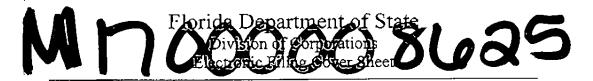
Division of Corporations

Page 1 of 2



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.

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10.	Division of Co Fax Number	rporations : (850)617-6383	• · · · · · · · · · · · · · · · · · · ·	
From:			F.3	
e rom:		: BILZIN SOMBERG BAENA PRICE 4 : 075350000132 : (305)374-7550 : (305)351-2122	AXELROD	FL

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CL2 ORLANDO, LLC

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H18000014913 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	s on the records of the Florida Department of		
State: CL2 ORLANDO, LLC	of the same of the		
Enter new principal office address, if applicable:			
( <u>Principal office address</u> MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		27	
2. The Florida document number of this limited liab	bility company is: M17000008625	÷ ;	
3. Jurisdiction of its organization: Delaware		<del></del>	
4. Date authorized to do business in Florida: 10/	9/17	- <del>1</del>	
SECTION II (5-9 complete only the applicable of			
5 Name are after limited liability company			
(must	t contain "Limited Liability Company," "L.L.C.," or	"LLÇ.'')	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mat must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and paging members adopting the alternate name. The alte	attach a	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records, enter the name of the ddress here:	<u>e new</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Street Address		
•	City , Florida Zip Co	ode	
New Registered Agent's Signature, if changing Re- i hereby accept the appointment as registered agen			

New Registered Agent's Signature, it 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.

H18000014913 3

		accordance with 605,0902 (1)(e), indicate t er is CL2 Orlando Holdin	
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Act
MBR	CL Celebration, LLC	3363 NE 163rd Street, Suite	e 601 Add
		North Miami Beach, FL 3	3016 ■ Reme
MBR	CL2 Orlando Holdings, LLC	3363 NE 163rd Street, Suite	e 601 <b>■</b> Add
		North Miami Beach, FL 3	3016 Rem
			∏A₫d
		<u>.                                    </u>	Remo
			Add
			Reino
	·		Add
aforementio	a certificate, if required: no more than 90 ned amendment(s), duly authenticated bunder the law of which this entity is orga	y the official _aving custody of records in	1.0
	//S// Pedro Mirand		7,3 40.1

Filing Fee: \$25.00