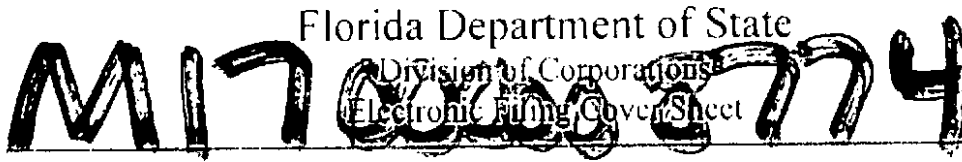


1/22/2021

Division of Corporations



**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.

(((H21000030470 3)))



H210000304703ABCR

**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 : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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  
IAF FLORIDA LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 04      |
| Estimated Charge      | \$55.00 |

JAN 25 2021  
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Help

# 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: HAF FLORIDA LLC

Enter new principal office address, if applicable: 5575 Blue Lagoon Dr.

(Principal office address  
MUST BE A STREET ADDRESS)

Suite 450

Miami, FL 33126

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

5575 Blue Lagoon Drive, Suite 450

Suite 450

Miami, FL 33126

2. The Florida document number of this limited liability company is: MI17000008774

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/13/2017

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

5. New name of the limited liability company: MMMFLL Holdings, LLC  
(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

City, Florida

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

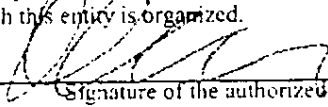
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

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

| <u>Title/Capacity</u> | <u>Name</u>          | <u>Address</u>                  | <u>Type of Action</u>                      |
|-----------------------|----------------------|---------------------------------|--|
| MGR                   | Christopher J Joyce  |                                 | <input type="checkbox"/> Add               |
|                       |                      |                                 | <input checked="" type="checkbox"/> Remove |
| MGR                   | Gabriel Holschneider |                                 | <input type="checkbox"/> Add               |
|                       |                      |                                 | <input checked="" type="checkbox"/> Remove |
| MGR                   | Penelope Kokkinides  | 5575 Blue Lagoon Dr., Suite 450 | <input checked="" type="checkbox"/> Add    |
|                       |                      | Miami, FL 33126                 | <input type="checkbox"/> Remove            |
|                       |                      |                                 | <input type="checkbox"/> Add               |
|                       |                      |                                 | <input type="checkbox"/> Remove            |
|                       |                      |                                 | <input type="checkbox"/> Add               |
|                       |                      |                                 | <input 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

PAUL J. KLAUSNER

Typed or printed name of signee

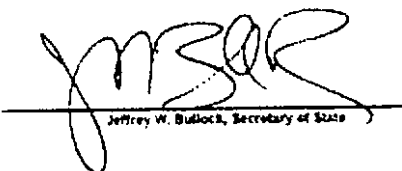
Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "HAF FLORIDA LLC",  
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MMMFL  
HOLDINGS, LLC" ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2018,  
AT 1:12 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

6316474 8320  
SR# 20210183681

Authentication: 202338555  
Date: 01-21-21

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)