

MI7000009725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

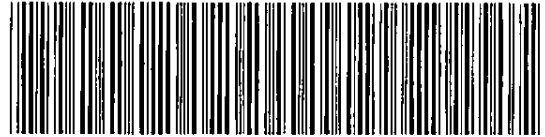
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG 28 AM 10:41

2024 AUG 28 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : AMEND-16688

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : 08/30/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

FOREIGN FILINGS

NAME: LOHP V, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON:

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOHP V, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corporate Secretary

Name of Person

Loews Hotels & Co.

Firm/Company

9 West 57th Street, 20th Floor

Address

New York, NY 10019

City/State and Zip Code

gzarin@loewshotels.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn Zarin

at (212) 521-2000

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2024

CSC

SUBJECT: LOHP V, LLC
Ref. Number: M17000009725

RESUBMIT
Please give original
submission date as file date.

We have received your document for LOHP V, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

#8 Glenn Zarin and Leslee Spadone titles are not complete.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 024A00019446

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2024 AUG 30 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 V, LLC

Enter new principal office address, if applicable: 9 West 57th Street, 20th Floor

(Principal office address

MUST BE A STREET ADDRESS)

New York, NY

10019

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000009725

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/15/2017

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: _____

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

2024 AUG 28 AM 10:41
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

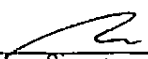
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
COO	Dan Flannery	9 West 57th Street, 20th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10019	<input type="checkbox"/> Remove
CFO	Matthew Brenner	9 West 57th Street, 20th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10019	<input type="checkbox"/> Remove
SVP	Wendel Kralovich	9 West 57th Street, 20th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10019	<input type="checkbox"/> Remove
Senior vice president	Glenn Zarin	9 West 57th Street, 20th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10019	<input type="checkbox"/> Remove
Vice president	Leslee Spadone	9 West 57th Street, 20th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10019	<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

Glenn Zarin

Typed or printed name of signee

Filing Fee: \$25.00

FILED
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TALLAHASSEE, FLORIDA
CLERK OF STATE