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Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1KM5 LLC

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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)

<ol> <li>Name of limited liability Company as it appears</li> <li>State: 1KM5 LLC</li> </ol>	s on the records of the Florida Department o	f	
Enter new principal office address, if applicable:	333 SE 2nd Avenue, Suite 2000		<del></del>
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL, 33131		<del></del>
Enter new mailing address, if applicable: (Mailing address)	333 SE 2nd Avenue, Suite 2000		<u>-,</u>
MAY BE A POST OFFICE BOX)	Miami, FL, 33131		<del></del>
2. The Florida document number of this limited lia	bility company is: M1800000406	Ú, 5.	~~~
			2001 NOV
3. Jurisdiction of its organization: Delaware		<u> </u>	
4. Date authorized to do business in Florida: 01/	16/2018	ย. ยูง * เพ	۔ اور ا
SECTION II (5-9 complete only the applicable	changes)		À
5. New name of the limited liability company: (mus	t contain "Limited Liability Company," "L.	<u> </u>	<u> </u>
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.C.	naging members adopting the alternate name	lorida and atta e. The alternat	ach a le name
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our records, <u>enter the r</u> ddress here:	iame of the ne	<u>m</u>
Name of New Registered Agent:			<del></del>
New Registered Office Address:	Enter Florida Street Add		
	, Florida	Zip Code	<del></del>
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered age the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capacity. I further and complete performance of my duties, an tered agent as provided for in Chapter 605, in the registered office address, I hereby co	d I am familia F.S. Or, if this	ir with S

. If the amendi	ment changes person, title or capacity in a	accordance with 605.0902 (1)(e), indicate the	at change;
itle/ Capacity	Name	<u>Address</u>	Type of Action
horized presentative	Dorr Asset Management LLC	936 SW 1ST AVE, #1072	□Add
		MIAMI, FL 33130	<b>X</b> iRemov
lanager	Bodhi Management LLC	333 SE 2nd Avenue, Suite 2000	□Add
		Miami, FL, 33131	□Remov
·			⊠Add
			□Remo
<del></del>			□Add
			□Remo
<u></u>			- □Add
aforemention	under the law of which this entity is oper	y the official having custody of records in	NOTE 19 AM II: 27

→ 18506176383

Filing Fee: \$25.00

## ATTACHMENT TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

1KM5 LLC (M18000000406)

Please add the FEI/EIN Number for this Limited Liability Company is: 84-2559356