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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20118000091 Phone : (305)858-9900 Fax Number : (305)285-0015

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 LEADING PROPERTY AMERICAS LLC

Certificate of Status	0
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AUG 0 3 2023

K. Brumbley

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COVER LETTER

TO:		ration Section on of Corporations			
SUBJI	ECT: _	LEADING PROPERTY AMERICAS			
		Name of Foreig	gn Limited Lia	bility Co	mpany
Dear S	ir or Ma	adam;			
The en	closed a	application, certificate and fee(s)	are submitted	for filing	<u>g</u> .
Please	return a	all correspondence concerning th	is matter to th	e followi	ng;
DARLI	N ESPIN	NOSA			
		Name of Person		_	
RICHA	RDS & I	PARTNERS, P.A.			
		Firm/Company		_	
2665 SG	OUTH B	AYSHORE DRIVE SUITE 703			
		Address			
MIAMI	I, FL 331	33			
		City/State and Zip Cod	e	_	
ediaz@	richards-	-law.com			
E-ma	ail addro	ess: (to be used for future annua	l report notific	ation)	
For fur	ther info	ormation concerning this matter.	please call:		
Darlin B	Espinosa		305 at (_	858-99	900
-		Name of Person		e & Dayı	time Telephone Number
	Registi Divisio P.O. B	Address: ration Section on of Corporations Sox 6327 assee, FL 32314		Division The Ce 2415 N	address: ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303
	Enclos	sed is a check for the following	amount:		
≣\$ 25 1	Filing F	ee S30 Filing Fee & Certificate of Status	S\$5 Filing Certified		☐ \$60 Filing Fee, Certificate of Status &
CR2E055	5 (9/15)				Certified Copy

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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 Dep	artment of
State: LEADING PROPERTY AMERICAS LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lial	bility company is: M18000000955	AI 2023 AUG
3. Jurisdiction of its organization: Delaware		3 PO
4. Date authorized to do business in Florida: 01/26	5/2018	<u> </u>
SECTION II (5-9 complete only the applicable c	hanges)	型 23
5. New name of the limited liability company: $\frac{HC}{\text{(must)}}$	OTEL CAPITAL ADVISORS LLC.	· · · · · · · · · · · · · · · · · · ·
(must	contain "Limited Liability Compa	ny, " "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company." "L.L.C	aging members adopting the altern	ness in Fiorida and attach a late name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records. <u>er</u> dress here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida St	un et 1 delever
	City	, Flo rida Zip Code
New Registered Agent's Signature, if changing Residence of the appointment as registered agent the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change is liability company has been notified in writing of this	t and agree to act in this capacity. and complete performance of my di red agent as provided for in Chap in the registered office address. I h	uties, and I am familiar with ter 605 F.S. Or if this

If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment		n accordance with 605.0902 (1)(e), indica	ite that change:
Title/ Capacity	<u>Name</u>	Address	Type of A
			□R
			
			□R
			OR
			□R
aforementioned an	ficate, if required: no more than send the fire of the fire of the fire of the law of which this entity is ory	by the official having custody of records	□R in the

Filing Fee: \$25.00

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:20 PM 07/25/2023
FILED 04:20 PM 07/25/2023
SR 20233079835 - File Number 6601370

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	e of Formation of the limited liability company	y is hereby a
as follows:	me of the Limited Liability Company is:	
Hotel Capital	Advisors LLC	
N WITNESS	WHEREOF, the undersigned have executed	this Certifica
N WITNESS	WHEREOF, the undersigned have executed day of July	
		this Certifica _, A.D. 2023
	day of July By: /s/ Jenisa Irizarry	
	day of July By: /s/ Jenisa Irizarry	_, A.D. <u>2023</u>
	day of July By: /s/ Jenisa Irizarry	, A.D. 2023



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HOTEL CAPITAL ADVISORS LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOTEL CAPITAL ADVISORS LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203891260

Date: 08-03-23

6601370 8300 SR# 20233161869