

M180000001864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600321392426

FILED

2018 NOV 28 AM 9:06

SEPT. 2017 OF STATE
TALLAHASSEE, FL

RECEIVED

2018 NOV 28 PM 2:09

SEPT. 2017 OF STATE
TALLAHASSEE, FL

NOV 28 2018

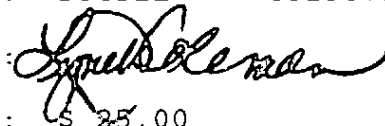
S. PRATHER

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

ACCOUNT NO. : I20000000195

REFERENCE : 504321 4813875

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : November 27, 2018

ORDER TIME : 12:31 PM

ORDER NO. : 504321-005

CUSTOMER NO: 4813875

FOREIGN FILINGS

NAME: 24 HOUR MIAMI GARDENS GP, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 24 Hour Miami Gardens GP, 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:

Tracey Fierro

Name of Person

Drinker Biddle & Reath LLP

Firm/Company

105 College Road East

Address

Princeton, NJ 08542

City/State and Zip Code

Tracey.Fierro@dbr.com

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

For further information concerning this matter, please call:

Tracey Fierro

Name of Person

at (609) 716-6534

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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

**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: 24 Hour Miami Gardens GP, LLC

Enter new principal office address, if applicable: 12424 Wilshire Blvd, #650

(Principal office address

MUST BE A STREET ADDRESS)

Los Angeles, CA 90025

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

12424 Wilshire Blvd, #650

Los Angeles, CA 90025

2. The Florida document number of this limited liability company is: M18000001864

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: February 22, 2018

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

FILED
2018 NOV 28 AM 9:06
STATE OF FLORIDA
TALLAHASSEE, FL

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

Change to the Manager and Address of the LLC

2018 NOV 28 AM 9:06

DEPT

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

Dorothy E. Bolinsky, Esq. Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00