M16000006E64

(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

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FILED
2018 DEC -3 AM 9:52
TALLAHASSEE, FLORIDA

12/6/18 OS

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

ACCOUNT NO. : I20000000195

REFERENCE : 509782 4813875

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : November 30, 2018

ORDER TIME : 9:44 AM

ORDER NO. : 509782-005

CUSTOMER NO: 4813875

FOREIGN FILINGS

NAME: MIAMI GARDENS OWNER 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: Emily Croft -- EXT# 62925

EXAMINER: _____

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2018

RESUBMIT
Please give original submission date as file date.

CSC

SUBJECT: 24 HOUR MIAMI GARDENS GP, LLC
Ref. Number: M18000001864

We have received your document for 24 HOUR MIAMI GARDENS GP, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document number and name on document doesn't match.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 418A00024758

FILED
2018 DEC -5 PM 1:51

RECEIVED
18 DEC -5 AM 11:14
FLORIDA DEPARTMENT OF STATE

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 at (609) 716-6534
Name of Person 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

CR2E055 (9/15)

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
Los Angeles. CA 90025

(Principal office address MUST BE A STREET ADDRESS)

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

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:

Change to the Manager of the LLC

Title/ Capacity	Name	Address	Type of Action
MGR	Mark S. Maron	12424 Wilshire Blvd, #650	☐ Add
		Los Angeles, CA 90025	■ Remove
MGR	Latigo Group LLC	1242 Wilshire Blvd ,#650	■ Add
		Los Angeles, CA 90025	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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

Dorothy E. Bolinsky, Esq.

Typed or printed name of signee

Filing Fee: $25.00