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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OSIB Miami Beach Properties 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:

Kirke Marsh  
Name of Person

OSIB Miami Beach Properties LLC  
Firm/Company

228 E 45 ST STE 9E  
Address

NY, NY 10017  
City/State and Zip Code

kirke@tabsinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kirke Marsh at (347) 694-5321  
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

**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: OSIB Miami Beach Properties, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

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: M18000003474

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/09/2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: OSIB Miami Beach Properties LLC  
(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: Northwest Registered Agent, LLC.

New Registered Office Address: 7901 4th St N STE 300

*Enter Florida Street Address*

St. Petersburg, Florida 33702  
*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)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
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		_____	<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  
**Kirke Marsh, Secretary**  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

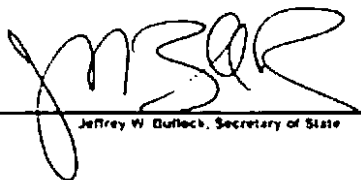
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "OSIB MIAMI BEACH PROPERTIES, LLC", CHANGING ITS NAME FROM "OSIB MIAMI BEACH PROPERTIES, LLC" TO "OSIB MIAMI BEACH PROPERTIES LLC", FILED IN THIS OFFICE ON THE THIRD DAY OF DECEMBER, A.D. 2018, AT 10:51 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

6822033 8100  
SR# 20187919129

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204134101  
Date: 12-19-18

**STATE OF DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT**

1. The name of the limited liability company is **OSIB Miami Beach Properties, LLC**
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

**FIRST:** The name of the limited liability company is **OSIB Miami Beach Properties LLC.**

**IN WITNESS WHEREOF**, the undersigned has executed this Certificate of Amendment this 30th Day of November 2018.

  
\_\_\_\_\_  
By: Kirke Marsh  
Authorized Person