Division of Corporations

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL

Account Number : 110432003053 Phone

: (561)694-8107

Fax Number

: (561)694-1639

\*\*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 DR M/MG RESIGN MIDTOWN 3 RETAIL B, LLC

Certificate of Status		0
Certified Copy	13	0
Page Count		03
Estimated Charge		\$25.00

Electronic Filing Menu

Corporate Filing Menu

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)

1. Name of limited liability Company as it appears State: MIDTOWN 3 RETAIL B, I	.i.exi	
Enter new principal office address, if applicable:		
(Principal office address	600 Brickell Ave., Sulte 2500	
MUST BE A STREET ADDRESS)	Miami, FL 33131	
Enter new mailing address, if applicable:		&
(Mailing address MAX BE A POST OFFICE BOX)	3301 NE 1st Ave Suite 109	- FR
	Miami, FL 33137	75.5. N
2. The Florida document number of this limited lial	bility company is: Ma 800003969	SET OF
3. Jurisdiction of its organization: Delaware		7-05
4. Date authorized to do business in Florida: 04/	<u>/24/2018                                    </u>	
SECTION II (5-9 complete only the applicable of		
5. New name of the limited liability company: (must	contain "Limited Lighility Company, " "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	sacing members adopting the alternate name. The	and attach a 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, enter the name o	fthe new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	Florida	
	City 2007	p Code
New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change	nt and agree to act in this capacity. I further agree and complete performance of my duties, and I am	familiar with

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	Name	Address	Type of Action
MGR	LUIS DE LEON	9130 S CADELAND BLVD, S	STE 1510
		MIAMI, FL 33	156 Remove
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			Remog
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			Add
			Remove

Filing Fee: \$25.00

Typed or printed name of signee