M20 000 000 754

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_

Office Use Only



200354584452

11/05/20--01018--001 **25.00

 $\sum_{i=1}^{n}$

Anund

DEC 12 2020 I ALBRITTON

COVER LETTER

COV	ER LETTER .
TO: Registration Section Division of Corporations	` * *
SUBJECT: PLANTA COCOWALK LLC	
	n Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s)	are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
JAMES E. RAUH, ESQ.	
Name of Person	
GREENSPOON MARDER LLP	
Firm/Company	
600 BRICKELL AVENUE, SUITE 3600	
Address	
MIAMI, FLORIDA 33131	
City/State and Zip Code	
STEVEN.SALM@CHASEHG.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter,	please call:
JAMES E. RAUH, ESQ.	at (305 789-2732
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following ■\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	amount: ☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy 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 appear	rs on the records of the Florida Department of
State: PLANTA COCOWALK LLC	
Enter new principal office address, if applicable:	N/A
, ,	Ţ.,
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	<u> </u>
Para	N/A
Enter new mailing address, if applicable: (Mailing address	· ·
MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited lia	ability company is: M2000000754
4. Date authorized to do business in Florida: $01/1$	7/2020
SECTION II (5-9 complete only the applicable	changes)
5. New name of the limited liability company: $\frac{N_0}{N_0}$	/A
(mus	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	d for the purpose of transacting business in Florida and attach a maging members adopting the alternate name. The alternate name C." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ac	ed officer address on our records, enter the name of the new ddress here:
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited

Title/ Capacity	<u>Name</u>	Address	Type of A
CFO	MEGHA VERMA	60 BLOOR STREET, SUITE 403	□
		TORONTO, ONTARIO M4WJJT CA	= F
Mgr/Mbt	CHG US HOLDINGS ELC	60 BLOOR STREET, SUITE 403	
		TORONTO, ONTARIO UN	= F
MBR	CHG US HOLDINGS LLC	60 BLOOR STREET, SUITE 403	
		TORONTO, ONTARIO UN	□F
			□.
			DF
		□.	
aforemention	under the law of which this entity is o	d by the official having custody of records in the	

Filing Fee: \$25.00