

To: FAX SERVICE

From: 3059386919

10-20-20 10:34am

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10/9/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOLOMON E. FURSHMAN, LLP

Account Number : 133058990782

Phone : (850)361-3034

Fax Number : (850)361-0812

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: VICTOR2@FINVARS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WINDWARD AVE RESTAURANT LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 OCT 20 AM 9:10

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Corporate Filing Menu

M. SUKKEP

10/21/2020

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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: Windward AYH Restuarant, 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: M20000006357

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 23, 2020

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

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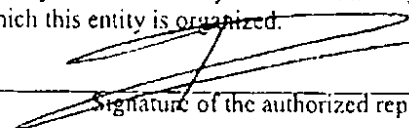
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
MGR	Thomas D. Wood, Jr.	9100 S. Dadeland Blvd., Suite 700	<input checked="" type="checkbox"/> Add
		Miami, Florida 33156	<input type="checkbox"/> Remove
MGR	Robert Finvarb	2999 NE 191 Street, Suite 800	<input checked="" type="checkbox"/> Add
		Aventura, Florida 33180	<input type="checkbox"/> Remove
MGR	Stefan Johansson	401 Riberia Street, Unit A	<input checked="" type="checkbox"/> Add
		St. Augustine, Florida 32084	<input type="checkbox"/> Remove
AP	Robert Finvarb	2999 NE 191 Street, Suite 800	<input type="checkbox"/> Add
		Aventura, Florida 33180	<input checked="" type="checkbox"/> Remove
AP	Stefan Johansson	401 Riberia Street, Unit A	<input type="checkbox"/> Add
		St. Augustine, Florida 32084	<input checked="" 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
Robert Finvarb

Typed or printed name of signee

Filing Fee: \$25.00

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