10/19/2020 Division of Corporations

M20000006357

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SOLOMON & FURSTMAN, LLP
Account Number : [illegible]
Phone : (305)361-3034
Fax Number : (305)961-3012

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

Email Address: Victor@Finvarb.com

FILED
2020 OCT 20 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2020 OCT 20 AM 11:42

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WINDWARD AVII RESTAURANT LLC

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

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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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TALLAHASSEE, FLORIDA

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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)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
MGR	Thomas D. Wood, Jr.	9100 S. Dadeland Blvd., Suite 700	■Add
		Miami, Florida 33156	☐Remove
MGR	Robert Finvarb	2999 NE 191 Street, Suite 800	■Add
		Aventura, Florida 33180	☐Remove
MGR	Stefan Johansson	401 Riberia Street, Unit A	■Add
		St. Augustine, Florida 32084	☐Remove
AP	Robert Finvarb	2999 NE 191 Street, Suite 800	☐Add
		Aventura, Florida 33180	■Remove
AP	Stefan Johansson	401 Riberia Street, Unit A	☐Add
		St. Augustine, Florida 32084	■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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