m2000007169

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	
,	,	•
☐ PICK-UP	WAIT	MAIL
(Bu	sin ess Entity Nan	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer;	
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Office Use Only



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10/18/24--01008--001 **50.00

LLC Amend

2024 OCT 18 AM 10: 30

A. RAMSEY

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	Hialeah Gardens Partners, LLC	
	Name of Foreign	Limited Liability Company
Dear Sir or I	Madam:	
The enclosed	d application, certificate and fee(s) a	re submitted for filing.
Please return	all correspondence concerning this	matter to the following:
Larisa Matias		
-	Name of Person	
The Easton G	roup	
	Firm/Company	
10165 NW 19	ih St	
	Address	
Miami, FL 33	3172	
	City/State and Zip Code	 -
_	eastongroup.com	
E-mail ad	dress: (to be used for future annual r	report notification)
For further i	information concerning this matter, p	please call:
Daniel De Pa	blo	at ()
	Name of Person	Area Code & Daytime Telephone Number
Reg Div P.O	ing Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc □\$25 Filing	Certificate of Status	mount: \$\Boxed{\Boxesian}\$ \\$55 \text{Filing Fee & \$\Boxed{\Boxesian}\$ \\$60 \text{Filing Fee,} \\ \text{Certificate of Status & } \\ \text{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)

Name of limited liability Comp Hialeah Gardens Partn State:	• • •			1001
Enter new principal office address	i, if applicable:			01,130,10ng
<u>Principal office address</u> MUST BE A STREET ADDRES	<u></u>		19 cm	8 4
inter new mailing address, if app Mailing address MAY BE A POST OFFICE BOX				١٠٥٥
. The Florida document number	of this limited liability con	npany is <u>M2000</u>	0007169	<i>.</i> -
. Jurisdiction of its organization.	Delaware			_
. Date authorized to do business	in Florida: 8-18-202	20		_
ECTION II (5-9 complete only				
i. New name of the limited liabil	(must contain	·	Company, ""L.L.C.," or "LLC.	_
If name unavailable, enter alternations of the written consent of the nust contain "Limited Liability C	managers or managing me	embers adopting the		
o. If amending the registered ager egistered agent and/or the new re	gistered office address her		ords, enter the name of the new	
Name of New Registered Agent:	EEB Land HoldCo, LLC			_
New Registered Office Address:	10165 NW 19th St			_
		Enter Flor	rida Street Address	
	Miami	City	, Florida 33172 Zip Code	-
New Registered Agent's Signatur I hereby accept the appointment of the provisions of all statutes relat and accept the obligations of my p document is being filed to merely liability company has been notifie	is registered agent and agi ive to the proper and composition as registered agen reflect a change in the reg	Agent: ree to act in this cap plete performance of it as provided for in istered office addre	pacity. I further agree to comply of my duties, and I am familiar w Chapter 605, F.S. Or, if this	vith

itle/ Capacity	<u>Name</u>	Address I	ype of Action
1GR	EEB Land HoldCo, LLC	10165 NW 19th Street	⊟ Add
		Miami, FL 33172	■Remo
1GR	EEB Land 1, LLC	10165 NW 19th Street	□Add
		Miami, FL 33172	□Remo
			□Add
			□Rem
			□Add
			□Rem
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
aforementi	a certificate, if required: no more the content one amendment(s), duly authentical under the law of which this entity is	ated by the official having custody of records in the	□Rem

Filing Fee: \$25.00