

M21000003809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PKRUP

☐

WAIT

☐

MAIL

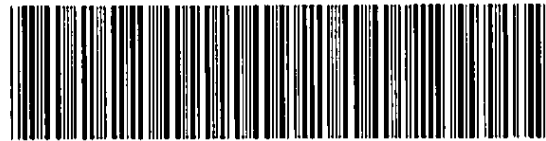
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600365561366

2021 MAY -6 AM 11:38

2021 MAY -6 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED


O SIMMONS

MAY 07 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 795937 7833946

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : May 5, 2021

ORDER TIME : 11:0 AM

ORDER NO. : 795937-025

CUSTOMER NO: 7833946

FOREIGN FILINGS

NAME: M-17315 COLLINS AVENUE HOTEL,
LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX____ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M-17315 Collins Avenue Hotel, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jordan Kornberg

Name of Person

M-17315 Sole MGR, LLC

Firm/Company

2601 S. Bayshore Drive, Ste. 850

Address

Miami, FL 33133

City/State and Zip Code

cnazarkewich@mastcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Nazarkewich

Name of Person

at (305) 531-2426

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
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)

2021 MAY -5 AM 11:38

1. Name of limited liability Company as it appears on the records of the Florida Department of _____

State: M-17315 Collins Avenue Hotel, 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: M21000003809

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 1, 2021

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

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: ^{2601 Bay} 38

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>M-17315 Sole MGR, LLC</u>	<u>2601 S. Bayshore Drive, Ste. 850, Miami, FL 33133</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>MC Manager, LLC</u>		<input type="checkbox"/> Add
		<u>2601 S. Bayshore Drive, Ste. 850, Miami, FL 33133</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>MC Manager, LLC</u>	<u>2601 S. Bayshore Drive, Ste. 850, Miami, FL 33133</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>Jordan Kornberg</u>	<u>2601 S. Bayshore Drive, Ste. 850, Miami, FL 33133</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>P</u>	<u>Camilo Miguel, Jr.</u>	<u>2601 S. Bayshore Drive, Ste. 850, Miami, FL 33133</u>	<input checked="" type="checkbox"/> Add
			<input 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

Jordan Kornberg

Typed or printed name of signee

Filing Fee: \$25.00