

9/13/21, 4:26 PM

Division of Corporations

M2100005543
 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 tax 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 : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (514)280-3338
 Fax Number : (954)288-0845

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

Email Address: _____

2021 SEP 13 PM 4:48

STATE OF FLORIDA
 DEPARTMENT OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 TROPICANA TRS, L.L.C.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

SEP 14 2021
S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

**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: Tropicana TRS, L.L.C.

Enter new principal office address, if applicable:

N:A

(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: M2100005543

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/07/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Tropicana TRS LLC
(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: N/A

New Registered Office Address: N/A

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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:


N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Add |
| <hr/> | <hr/> | <hr/> | <input type="checkbox"/> Remove |
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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

Stacy M. Rosenthal

Typed or printed name of signer

Filing Fee: \$25.00

2021-09-13 14:31:04 CST
19542080845

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "TROPICANA TRS, L.L.C.", CHANGING ITS NAME FROM "TROPICANA TRS, L.L.C." TO "TROPICANA TRS LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2021, AT 10:53 O'CLOCK A.M.

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

5899027 8100
SR# 20213223279

Authentication: 204142376
Date: 09-13-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

CERTIFICATE OF AMENDMENT

OF

TROPICANA TRS, L.L.C.

1. The name of the limited liability company is Tropicana TRS, L.L.C.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company is Tropicana TRS LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Tropicana TRS, L.L.C. this 13th day of September, 2021.

/s/ Stacy M. Rosenthal

Stacy M. Rosenthal, Authorized Person