

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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 Dep	partment of		
State: FLL Ocean Hotel Owner ELC		11.50		
Enter new principal office address, if applicable:				
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)				
Enter new mailing address, if applicable: (Mailing address		201 SEP		
MAY BE A POST OFFICE BOX)		EP 29		
2. The Florida document number of this limited liab	ility company is: \(\frac{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tert{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\texitit{\text{\texi{\texi{\texi{\texi{\texi{\texi}\text{\texit{\texitiex{\texit{\texi{\texi{\texi{\texi{\texi}\texi{\texi			
3. Jurisdiction of its organization: Delaware		2: 3 12: 0.8		
4. Date authorized to do business in Florida: 08/16				
SECTION II (5-9 complete only the applicable cl	hanges)			
5. New name of the limited liability company: (must)	contain "Limited Liability Comp	pany, ""LL.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted to copy of the written consent of the managers or manamust contain "Limited Liability Company," "L.L.C.	aging members adopting the alte	siness in Florida and attach a mate name. The alternate name		
6. If amending the registered agent and/or registered registered agent and/or the new registered office add	l officer address on our records, dress here:	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Entre Elopide	Steart Address		
	Enter Florida Street Address			
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen- the provisions of all statutes relative to the proper c and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of this	t and agree to act in this capacit and complete performance of my red agent as provided for in Cha n the registered office address, I	anties, and Lam Jamiliar with upter 605, F.S. Or, if this		

3	Page: 4 of 4	2021-09-29 13.45:51 CST	16144554862	From: James Tanks III
7. If the amend		etion of organization, indicate new ju		
8. If the amenda		e or capacity in accordance with 605.0		it change:
Title/ Capacity	<u>Namç</u>	Ade	dress	Type of Action
AR Ben Shmul	910 SE 17 Sueet	Suite 400		
		Fort Lauderdale,	FL 33316	□Remove
				□Add
				□Remove
				□Add
				Remove
				□Add
				□Remove
				Add Add Remove
aforementio	ned amendment(s), duly under the law of which t		g the custody of records in the	Remove 29 F
	/s/Ron J Ho	Signature of the anthorized repre	scutative	1 2: 10 I/O
				— ~ · · ·

Typed or printed name of signee

Ron J Hoyl, Vice President