

M22000001481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

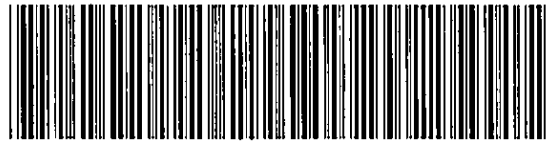
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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24 MAR 2022 11:35 AM

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

ACCOUNT NO. : I20000000195

REFERENCE : 568867 4319723

AUTHORIZATION : 

COST LIMIT : \$ 25.00

-----  
ORDER DATE : March 23, 2022

ORDER TIME : 3:52 PM

ORDER NO. : 568867-005

CUSTOMER NO: 4319723  
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FOREIGN FILINGS

NAME: MHH NAPLES OPERATING, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX 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: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MHH NAPLES OPERATING, 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:

Anita L. Tupper

\_\_\_\_\_  
Name of Person

Davis Graham & Stubbs LLP

\_\_\_\_\_  
Firm/Company

1550 17th Street, Suite 500

\_\_\_\_\_  
Address

Denver, CO 80202

\_\_\_\_\_  
City/State and Zip Code

anita.tupper@dgslaw.com

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

For further information concerning this matter, please call:

Anita L. Tupper

at ( 303 ) 892-7451

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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)**

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

State: MHH NAPLES OPERATING, 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: M22000001681

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: February 2, 2022

**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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Ex. A	Carmen Almos	50 S. Steele Street, Suite 200	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
Ex. A	Alexander Krantz	50 S. Steele Street, Suite 200	<input checked="" type="checkbox"/> Add
		Denver, CO 80202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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.

Mike Wilbert  
Signature of the authorized representative

Mike Wilbert, Vice President

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

**EXHIBIT A**

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY  
TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY  
TO TRANSACT BUSINESS IN FLORIDA**

**MHH NAPLES OPERATING, LLC  
Florida Document No.: M22000001681**

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<u><b>Title/Capacity</b></u>	<u><b>Name</b></u>	<u><b>Address</b></u>	<u><b>Type of Action</b></u>
VICE PRESIDENT and SECRETARY	CARMEN ALMOS	50 S. Steele St. Suite 200 Denver, CO 80209	ADD
TREASURER and LICENSING MANAGER	ALEXANDER KRANTZ	50 S. Steele St. Suite 200 Denver, CO 80209	ADD

2022/11/24 10:00 AM  
10/24/2022