

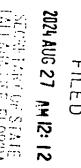
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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100435415631

08/27/24--01021--626 **66.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GULSTicam Dww, 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:
Greg Steuber Name of Person
Desturation St. Louis, Inc. Firm/Company
4240 Manchister Ave. Address
St. Louis, MO 63110 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: □S25 Filing Fee □S30 Filing Fee & □S55 Filing Fee & □S60 Filing Fee. Certificate of Status Certified Copy CR2E055 (9/15)

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	s on the records of the Florida Department of
State: Julfstream Owne	er LLC
Enter new principal office address, if applicable:	4240 Manchester Ave
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	St Louis, MO 43110
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4240 Manchester Ave. St Louis, MO 63110
2. The Florida document number of this limited liab	bility company is: <u>M2200003218</u>
Jurisdiction of its organization: Date authorized to do business in Florida:	mare Light
Date authorized to do business in Florida:	3 02 2022 55 5
SECTION II (5-9 complete only the applicable of 5. New name of the limited liability company: (must	t contain "Limited Liability Company," "L.I.S. or N.L.C.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name [17] or "LLC.")
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records, enter the name of the new
Name of New Registered Agent: AMVIT	Gill
New Registered Office Address: 6560	Paul Mar Dr.
	Enter Florida Street Address
	Lautana Florida 33462 City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	it and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office andress, I hereby confirm that the limited
	7 7 / / /

itle/ Capacity	<u>Name</u>	Address Type	of Actio
MER 1	1. Imoe, William H	109 SE 5th Ave Fir	□Add
		Delvay Beach, FL 33483	Kem
IGR 1	ler milyea, Karen	109 SE 5th Are 223/11	□Add
		Delvay Beach, FL 33483	Rema
	MINELL tune Hams Gill d Amrit Bir Singh Gill	4246 Marchester Ave.	₹Vdd
Joint Verocable 7nst UTA DTD: Dec. 12004 As amended	St Lowis Mo 63110	□Remo	
		□Add	
			□Reme
			□Add
	ificate, if required: no more than 90 d		□Remo

Filing Fee: \$25.00

CERTIFICATION OF STRUCTURE UPON CLOSING

In connection with the closing of a loan from South Florida Financing, II, LLC to Gulfstream Owner, LLC, and Gulfstream Expansion Owner, LLC the undersigned certifies that as of such closing on the date hereof:

- 1. The sole Members of Gulfstream Owner LLC are:
 - a. Aminell Anne Harris Gill and Amrit Bir Singh Gill Joint Revocable Trust u/t/a dated December 1, 2004, as amended, Managing Member; and
 - b. Gulfstream Operator, LLC
- 2. The sole Member of Gulfstream Expansion Owner, LLC is Gulfstream Owner, LLC.

IN WITNESS WHEREOF, the undersigned has signed this Certification as of the 25th day of March, 2024.

Amrit Dir Singh Gill,

Trustee of the Aminell Anne Harris Gill and Amrit Bir Singh Gill Joint Revocable Trust u/t/a dated December 1, 2004, as amended, Managing Member of Gulfstream Owner, LLC

COVER LETTER

. COVER LETTER			
_	istration Section sion of Corporations		
SUBJECT:	Caulfstream Dury Name of Forei	w, LLC gn Limited Liability Cor	npany
Dear Sir or l			
The enclose	d application, certificate and fee(s) are submitted for filing	
Please return	n all correspondence concerning the	nis matter to the following	g:
Gr	Steuber Name of Person		
_Resh	prafin St. Louis, Inc. Firm/Company		
4240	Manchister Ave		
St.	Louis, MO 63110 City/State and Zip Coo		
	City/State and Zip Coo	le	
E-mail ad	Se vestovations H. com dress: (to be used for future annua	Il report notification)	
For further in	nformation concerning this matter	, please call:	
_Gru	Steuber Name of Person	at (<u>314</u>) <u>4</u> Area Code & Dayti	44 4575 me Telephone Number
Regi Divi P.O.	ing Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314	Division The Cer 2415 N	Idress: htion Section of Corporations htre of Tallahassee Monroe Street, Suite 8 ssee, FL 32303
Encl □\$25 Filing	osed is a check for the following Fee \$30 Filing Fee & Certificate of Status	amount: □ \$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of State
CR2E055 (9/15))		Certified Copy