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004 719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

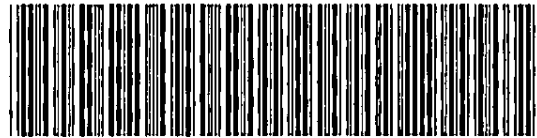
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COURTLAND INVESTMENTS, 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:

ALAN N. FINKELSTEIN

Name of Person

HMG/COURTLAND PROPERTIES, INC.

Firm/Company

1870 SOUTH BAYSHORE DRIVE

Address

COCONUT GROVE, FLORIDA 33133

City/State and Zip Code

afinkelstein@hmgcourtland.com

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

For further information concerning this matter, please call:

Alan Finkelstein

Name of Person

at ( 305 ) 854-6803

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

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 on the records of the Florida Department of

State: COURTLAND INVESTMENTS, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

1870 SOUTH BAYSHORE DRIVE

(Principal office address

MUST BE A STREET ADDRESS)

COCONUT GROVE, FL 33133

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: M22000004719

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3/29/2022

**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.*

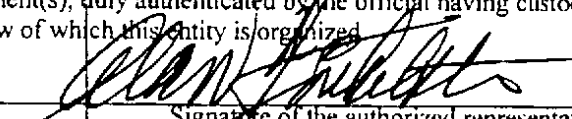
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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>
AP	CARLOS CAMAROTTI	1870 SOUTH BAYSHORE DR.	<input type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Remove
MGR	ALAN N. FINKELSTEIN	1870 SOUTH BAYSHORE DR	<input checked="" type="checkbox"/> Add
		COCONUT GROVE, FL. 33133	<input type="checkbox"/> Remove
MGR	MAURICE WIENER	1870 SOUTH BAYSHORE DR	<input checked="" type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input type="checkbox"/> Remove
AP	MAURICE WIENER	1870 SOUTH BAYSHORE DR	<input type="checkbox"/> Add
		COCONUT GROVE, FL 33133	<input checked="" 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.

  
Signature of the authorized representative  
ALAN N. FINKELSTEIN  
Typed or printed name of signee

Filing Fee: \$25.00