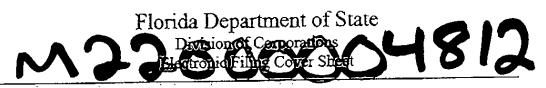
5/12/22, 12:30 PM

Division of Corporations



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(((H220001705173)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132 Phone : (305)374-7580 Fax Number : (305)351-2122

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

Fmail Address:	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SW 137 LLC**

Certificate of Status	0
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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)

State: SW 137 LLC		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida doctument number of this limited lia	ability company is: <u>M72200</u>	0004812
3. Jurisdiction of its organization:Delaware		
4. Date authorized to do business in Florida:3	/30/2022	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company:(mns	t contain "Limited Liability (	Company, ""LLC," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mannest contain "Limited Liability Company," "L.L.	naging members adopting the	g business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office a	ed officer address on our reco ddress here:	ords, enter the name of the new
Name of New Resistered Agent:		
New Registered Office Address:	Finter Flor	ida Street Address
	المراد فالمراد	, Florida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Reliable provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this cap and complete performance of tered agent as provided for in in the registered office addre	Chapter 605. F.S. Or. if this

. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  The management of the Company has changed.						
itle/ Capacity	Name	Address	Type of Action			
MBR _	FBE HOLDINGS LLC	ONE STATE ST., 32ND FLOOR	⊡Add			
		NEW YORK, NY 10004	ŒRemov			
MGR_	SW 137 MANAGER LLC	ONE STATE ST., 32ND FLOOR	(\overline{\chi_2}\) Add			
		NEW YORK, NY 10004	☐Remov			
			[]Add			
			©Remo			
			□Resno			
aforemention	a certificate, if required: no more than ned amendment(s), duly authenticate under the law of which this entity is o	d by the official having custody of records in the	□Renno he			
	/s/Neil Simon	e of the authorized representative				

Filing Fee: \$25.00