

M22000005589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

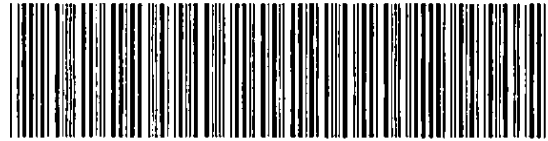
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/22--01001--003 **25.00

RECEIVED
2022 MAY -5 PM 3:51
ALLAHASSEE, FLORIDA

FILED
2022 MAY -5 PM 2:03
TALLAHASSEE, FLORIDA

CG
5/6

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 5/5 DANNY

CERTIFIED COPY

XX PHOTOCOPY

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XX FILING

FOREIGN AMEND

1. 363 COCOANUT ROW PROPCO LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 363 COCOANUT ROW PROPCO 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:

AGOSTINO PERCOCO

Name of Person

C/O METRO INTERNATIONAL TRADE SERVICES LLC

Firm/Company

2500 ENTERPRISE DRIVE

Address

ALLEN PARK, MICHIGAN 48101

City/State and Zip Code

apercoco@mtroflz.com

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

For further information concerning this matter, please call:

Agostino Percoco

at (313) 727-7465

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**

FILED

SECTION I (1-4 must be completed)

2022 MAY -5 PM 2:03

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

State: 363 COCOANUT ROW PROPCO LLC

STATE
TALLAHASSEE, FL

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: M22000005589

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 12, 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:

The identity of the Member of 363 Cocoanut Row Propco LLC has changed.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	363 COCOANUT ROW OPCO LLC	c/o Rosenberg & Estis, P.C., 733 Third Avenue	☐ Add
		NY, NY 10017, Attn.: Eric S. Orenstein	☒ Remove
Member	1K MUSEUM HOLDINGS LLC	c/o Metro, 2500 Enterprise Drive	☒ Add
		Allen Park, Michigan 48101	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ 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.

/S/ Eileen Sawyer
Signature of the authorized representative
Eileen Sawyer, President of
1K Museum Holdings LLC, Member of 363 Cocoanut Row Propco LLC

Typed or printed name of signee

Filing Fee: \$25.00