

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000325665 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1021 N RAILROAD AVE LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help_{SEP 21} 2022



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 appe	ars on the records of the Florida Department of
State: 1021 N RAILROAD AVE LL	C
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: M22000006885
Jurisdiction of its organization:	ware
Date authorized to do business in Florida:	05/03/2022
SECTION II (5-9 complete only the applicable	e changes) NORA Hotel Owner LLC
5. New name of the limited liability company: (m	ust contain "Limited Liability Company, " "L.L.C.," or "LLC.")
copy of the written consent of the managers or n must contain "Limited Liability Company," "L.1	The Contract of the Contract o
6. If amending the registered agent and/or registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	, Florida
_	City Zip Code
the provisions of all statutes relative to the prop and accept the obligations of my position as reg	gent and agree to act in this capacity. I further agree to comply with er and complete performance of my duties, and I am familiar with istered agent as provided for in Chapter 605, F.S. Or, if this ge in the registered office address, I hereby confirm that the limited

Fitle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NORA HOLDINGS LLC	1105 DIXIE HWY	□Add
		W PALM BCH, FL 33401	X JRemo
MGR NORA Hotel Holdco LLC	1105 DIXIE HWY	X JAdd	
	W PALM BCH, FL 33401	□Remo	
			□Add
			□Remo
			Remo
·			DAdd
aforementio	a certificate, if required: no more than to med amendment(s), duly authenticated under the law of which this entity is or	by the official having custody of records in th	□Remo
jurisdiction	under the law of which this entity is or	ganized.	

Filing Fee: \$25.00

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "1021 N RAILROAD AVE

LLC", CHANGING ITS NAME FROM "1021 N RAILROAD AVE LLC" TO "NORA

HOTEL OWNER LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF

SEPTEMBER, A.D. 2022, AT 1:41 O'CLOCK P.M.



Authentication: 204429750

Date: 09-19-22

6760578 8100 SR# 20223545154

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited Liability Cor	mpany: 1021 N Railroad Ave LLC
The Certificate of Formation o	of the limited liability company is hereby amen
The name of the Limited Li	iability Company is:
NORA Hotel Owner LLC	
N WITH THE WITH THE A	Land and the Condition to
	he undersigned have executed this Certificate of September A.D. 2022
	By: /s/ Caitlin Lazarus
	Authorized Person(s)
	Name: Caltlin Lazarus, Special Mana