

M22 00000 9443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

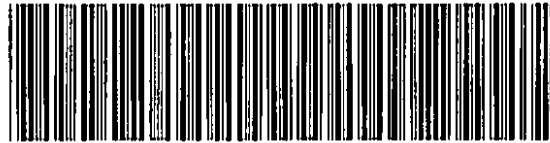
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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22 AUG 19 AM 8:12
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GKIH FLORIDA HOSPITALITY LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application and fee(s) are submitted for filing. Please note that the enclosed application does not include a certificate from the state of jurisdiction, i.e., the State of Delaware, evidencing the amendment because under the laws of the State of Delaware the name(s) and address(es) of the manager(s) of a Limited Liability Company are not required to be reported to or recorded by the State of Delaware. Since the State of Delaware did not record the name(s) and address(es) of the manager(s) of GKIH FLORIDA HOSPITALITY LLC, the State of Delaware did not issue a certificate evidencing the change of managers.

Please return all correspondence concerning this matter to the following:

JOSH N. BENNETT, ESQ.

Name of Person

THE LAW FIRM OF JOSH N. BENNETT, ESQ., P.A.

Firm/Company

500 SE 18TH CT

Address

FT LAUDERDALE, FL 33316

City/State and Zip Code

JOSH@JOSHBENNETT.COM

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

For further information concerning this matter, please call:

JOSH N. BENNETT, ESQ.

Name of Person

at (954) 779-1661

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

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REGISTRATION SECTION
DIVISION OF CORPORATIONS

**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: GKHI FLORIDA HOSPITALITY LLC

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: M22000009443

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 06/16/2022

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

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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> |
|------------------------|---------------------------|--------------------------------|--|
| MGR | GK Investment Holdings BV | Claude Debussylaan 46 | <input type="checkbox"/> Add |
| | | 1082 MD Amsterdam, Netherlands | <input checked="" type="checkbox"/> Remove |
| MGR | KASIM GARIPOGLU | Claude Debussylaan 46 | <input checked="" type="checkbox"/> Add |
| | | 1082 MD Amsterdam, Netherlands | <input type="checkbox"/> Remove |
| MGR | HALIL GÖRKEM SOKULLU | Claude Debussylaan 46 | <input checked="" type="checkbox"/> Add |
| | | 1082 MD Amsterdam, Netherlands | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input 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

Kasim Garipoglu, as Director of GK Investment Holdings BV

Typed or printed name of signee

Filing Fee: \$25.00

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STATE OF NEW YORK