

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M2200009443

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
GKIH FLORIDA HOSPITALITY LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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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, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marilyn Arias, Esquire / In-House Corporate Counsel

Name of Person

GKG US Holding Corp.

Firm/Company

1680 Michigan Avenue, Suite 700

Address

Miami Beach, FL 33139

City/State and Zip Code

RegAgent@capitol-services.com

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

For further information concerning this matter, please call.

Marilyn Arias, Esquire

Name of Person

at (305) 978-2551

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: GKIH FLORIDA HOSPITALITY LLC

Enter new principal office address, if applicable: 1680 Michigan Avenue

(Principal office address)
MUST BE A STREET ADDRESS

Suite 700

Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

1680 Michigan Avenue

Suite 700

Miami Beach, FL 33139

2. The Florida document number of this limited liability company is: M22000009443

3. Jurisdiction of its organization: State of 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: N/A
(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: Capitol Corporate Services, Inc.

New Registered Office Address: 515 East Park Avenue, Second Floor

Enter Florida Street Address

Tallahassee

Florida 32301

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.

Kim Tadlock

Kim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

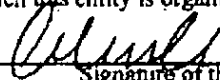
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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

Halil Görkem Sokullu

Typed or printed name of signee

Filing Fee: \$25.00