

M23000007574

(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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CLERK OF STATE  
2023 JUL 25 AM 11:32

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bristol Wynwood 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:

Micah M. Siegal  
Name of Person

MICAH M. SIEGAL & CO., LPA  
Firm/Company

PO Box 274  
Address

East Lansing, MI 48826  
City/State and Zip Code

micahsiegal@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micah Siegal at ( 937 ) 469-1442  
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**

**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: BRISTOL WYNWOOD 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: M23000007574

3. Jurisdiction of its organization: Ohio

4. Date authorized to do business in Florida: June 5, 2023

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: MIAMI COWBOY CLUB, LLC  
(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:

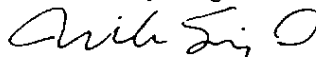
\_\_\_\_\_

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>
_____	_____	_____	<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

Micah M. Siegal

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MIAMI COWBOY CLUB, LLC, an Ohio Limited Liability Company, Registration Number 4826917, was organized in the State of Ohio on March 1, 2022, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 18th day of July, A.D. 2023.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202319901124



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/12/2023	202319207120	OHIO LLC - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

**Receipt**

This is not a bill. Please do not remit payment.

MICAH MATHIAS SIEGAL  
PO BOX 9313  
DAYTON, OH 45409

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose  
4826917

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

MIAMI COWBOY CLUB, LLC

and, that said business records show the filing and recording of:

Document(s)

OHIO LLC - AMENDMENT

Document No(s):

202319207120

Effective Date: 07/11/2023



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio this  
12th day of July, A.D. 2023.

Ohio Secretary of State

Form 611 Prescribed by:

Date Electronically Filed: 7/11/2023



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Domestic Limited Liability Company Certificate of Amendment or Restatement

**Filing Fee: \$50**

**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

BRISTOL WYNWOOD LLC

Name of Limited Liability Company

4826917

Registration Number

**Optional:**

Effective Date (MM/DD/YYYY) 7/11/2023

Effective Time 12:00 PM

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

**If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.**

Name of Limited Liability Company MIAMI COWBOY CLUB, LLC

(Name must include one of the following words or abbreviations:  
"limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd.")

Purpose

Any lawful purposes for which a limited liability company may be formed under the Ohio Revised Limited Liability Company Act

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

MICAH M. SIEGAL

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name