

MI7000008839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

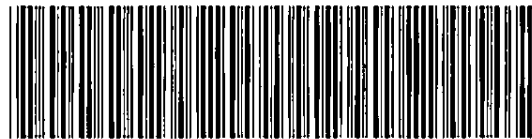
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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2023 DEC 28 10

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ALLAHASSIE, FLORIDA

R. HUNT
12/28/23

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

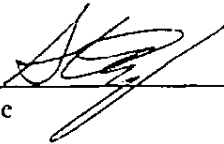
HOLLY HOUSE PARTNERS LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature



Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

121 Parker Printing • Tallahassee, FL 32301

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

2000 000000003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLLY HOUSE PARTNERS 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:

MYRIAM K. LOUIS, ESQ.
Name of Person

LERMAN & WHITEBOOK, P.A.
Firm/Company

2611 HOLLYWOOD BOULEVARD
Address

HOLLYWOOD, FLORIDA 33020
City/State and Zip Code

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

For further information concerning this matter, please call:

MYRIAM K. LOUIS, ESQ. at (954) 922-2811
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

2023-11-13 10

**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: HOLLY HOUSE PARTNERS LLC

Enter new principal office address, if applicable: 11950 N.E. 2nd Avenue

**(Principal office address
MUST BE A STREET ADDRESS)**

Miami, Florida 33161

Enter new mailing address, if applicable:

**(Mailing address
MAY BE A POST OFFICE BOX)**

12600 S.W. 37th Terrace

Miami, Florida 33175

2. The Florida document number of this limited liability company is: MI7000008839

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: October 17, 2017

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: Erik Lichter, Esq.

New Registered Office Address: 5805 Blue Lagoon Drive, Suite 178

Enter Florida Street Address

Miami

City

Florida

33126

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.



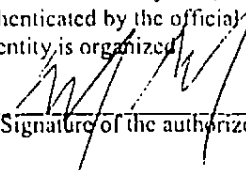
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FreshwaterGroupLLC	2564 Bedford Avenue, Brooklyn, NY 11226	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	11950 HOLDINGS LLC	11950 N.E. 2nd Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33161	<input type="checkbox"/> Remove
			<input checked="" 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
Alfred Sayegh

Typed or printed name of signee

Filing Fee: \$25.00