M19000003524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

$25

File 1ST

J. HORNE

MAR 22 2025

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. DMCC 4705 ALT 19 LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMCC 4705 ALT 19 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:

SHENIETA PALMER-DANIELS
Name of Person

NISHAD KHAN P.L.
Firm/Company

1303 N. ORANGE AVENUE
Address

ORLANDO, FLORIDA 32804
City/State and Zip Code

SHENIETA@NISHADKHANLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHENIETA PALMER-DANIELS at (407) 228-9711
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

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: DMCC 4705 ALT 19 LLC

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Enter new principal office address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000003524

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 04/04/2019

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

5. New name of the limited liability company: 4705 ALTERNATE, 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

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:

Title/ Capacity	Name	Address	Type of Action
MGRM	DMCC PERFORMANCE I, LP	234 N. WESTMONTE DRIVE, STE 1030	☐Add
		ALTAMONTE SPRINGS, FL 32714	■Remove
P	NARINDER SEEHRA	234 N. WESTMONTE DRIVE, STE 1030	☐Add
		ALTAMONTE SPRINGS, FL 32714	■Remove
P	PRADEEP MATHAROO	234 N. WESTMONTE DRIVE, STE 1030	☐Add
		ALTAMONTE SPRINGS, FL 32714	■Remove
M	ORACLE HOLDINGS LLC	234 N. WESTMONTE DRIVE, SUITE 1030	■Add
		ALTAMONTE SPRINGS, FL 32714	☐Remove
			☐Add
			☐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

Nishad Khan

Typed or printed name of signee

Filing Fee: $25.00

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "DMCC 4705 ALT 19 LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "4705 ALTERNATE, LLC" ON THE NINETEENTH DAY OF MARCH, A.D. 2025, AT 12:41 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4705 ALTERNATE, LLC" WAS FORMED ON THE FIFTEENTH DAY OF MARCH, A.D. 2019.

C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7328046 8320
SR# 20251171365

Authentication: 203235693
Date: 03-21-25

You may verify this certificate online at corp.delaware.gov/authver.shtml