MP000003524

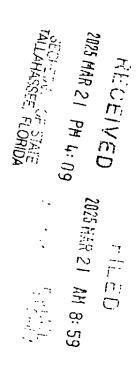
(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) rtified Copies Certificates of Status	

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	CERTIFIED COPY	
XX	РНОТОСОРУ	
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XX	FILING	LLC AMEND
	DMCC 4705 ALT 19 LLC CORPORATE NAME AND DOCUME	ENT #)
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CIAL I	NSTRUCTIONS:	

COVER LETTER

_	istration Section sion of Corporations			
SUBJECT:	DMCC 4705 ALT 19 LLC			
00000011	Name of Forei	gn Limited Lia	ibility Co	mpany
Dear Sir or l	Madam:			
The enclose	d application, certificate and fee(s) are submitted	d for filing	g.
Please return	n all correspondence concerning th	nis matter to th	e followi	ng:
SHENIETA I	PALMER-DANIELS			
	Name of Person			
NISHAD KH	AN P.L.			
	Firm/Company		_	
1303 N. ORA	NGE AVENUE			
	Address		_	
ORLANDO,	FLORIDA 32804			
	City/State and Zip Cod	le	_	
SHENIETA@	NISHADKHANLAW.COM			
E-mail ad	dress: (to be used for future annua	l report notific	cation)	
For further i	nformation concerning this matter	, please call:		
SHENIETA I	PALMER-DANIELS	_ at ()	711
	Name of Person	Area Coo	de & Dayt	time Telephone Number
Mail	ing Address:		Street A	ddress:
Regi	istration Section		Registr	ration Section
Divi	sion of Corporations		_	on of Corporations
	Box 6327			entre of Tallahassee
Tall	ahassee, FL 32314			J. Monroe Street, Suite 810 ussee, FL 32303
Enc	losed is a check for the following	; amount:		
■\$25 Filing	Fee S30 Filing Fee & Certificate of Status	□ \$55 Filin Certified	_	☐ \$60 Filing Fee, Certificate of Status &
CR2E055 (9/15)			Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida	Department of
State: DMCC 4705 ALT 19 LLC	<u> </u>	
Enter new principal office address, if applicable:	N/A	. 2
(Principal office address MUST BE A STREET ADDRESS)		89.
Enter new mailing address, if applicable: (Mailing address)	N/A	
MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M1900000	3524
3. Jurisdiction of its organization: DELAWARE		
4. Date authorized to do business in Florida: $\frac{04/0}{2}$)4/2019	
	C, ,	
5. New name of the limited hability company: (mus	st contain "Limited Liability Co	ompany, ""L.L.C.," or "LLC.")
copy of the written consent of the managers or ma	inaging members adopting the	business in Florida and attach a alternate name. The alternate name
		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	ipal office address BE A STREET ADDRESS) new mailing address, if applicable: N/A N/A	la Street Address
_	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.

Docueron	Envelope	in٠	833A0BE3	AD40-4	500_2002	-884E83	ECA7	ne
Docusian	Envelope	ID.	COUMUDES	·AU49-4	コンサーロサレム	-004703	EU4/	υr

Title/ Capacity	<u>Name</u>	Address <u>T</u>	Type of Ac
MGRM	DMCC PERFORMANCE 1, LP	234 N. WESTMONTE DRIVE, STE 1030	□^
		ALTAMONTE SPRINGS, FL 32714	≣R
P	NARINDER SEEHRA	234 N. WESTMONTE DRIVE, STE 1030	A
		ALTAMONTE SPRINGS, FL 32714	≣R
P	PRADEEP MATHAROO	234 N. WESTMONTE DRIVE, STE 1030	DA
		ALTAMONTE SPRINGS, FL 32714	≡ R
M	ORACLE HOLDINGS LLC	234 N. WESTMONTE DRIVE, SUITE 103	30 = ^
		ALTAMONTE SPRINGS, FL 32714	□R
			^
aforemention	a certificate, if required: no more than 9 ned amendment(s), duly authenticated lunder the law of which this entity is org	by the official having custody of records in the	□R

Filing Fee: \$25.00

Page 1

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.

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sanchen

Authentication: 203235693 Date: 03-21-25

7328046 8320 SR# 20251171365