

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

M2100000452

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

From:
 Account Name : HOLLAND & KNIGHT LLP
 Account Number : I20000000112
 Phone : (305)789-7758
 Fax Number : (305)789-7799

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DB@infinitycollective.com>

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 2501 BISCAYNE PROPERTY OWNER LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2023 DEC 28 PM 4:14

**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: 2501 BISCAYNE PROPERTY OWNER LLC

Enter new principal office address, if applicable: c/o Infinity Real Estate LLC
43 West 24th Street, 10th Floor
(Principal office address
MUST BE A STREET ADDRESS)
New York, New York 10010

Enter new mailing address, if applicable: c/o Infinity Real Estate LLC
43 West 24th Street, 10th Floor
(Mailing address
MAY BE A POST OFFICE BOX)
New York, New York 10010

2. The Florida document number of this limited liability company is: M21000006652

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/02/2021

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: NATIONAL REGISTERED AGENTS, INC.

New Registered Office Address: 1200 South Pine Island Road
Enter Florida Street Address

Plantation, Florida 33324
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.

/s/ Madonna Cuddihy, authorized person
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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	David Berg	43 West 24th Street, 10th FL	<input checked="" type="checkbox"/> Add
		New York, NY 10010	<input type="checkbox"/> Remove
AP	Steven Kassin	43 West 24th Street, 10th FL	<input checked="" type="checkbox"/> Add
		New York, NY 10010	<input type="checkbox"/> Remove
AP	Michael Wiener	43 West 24th Street, 10th FL	<input checked="" type="checkbox"/> Add
		New York, NY 10010	<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.

/s/ David Berg

Signature of the authorized representative

David Berg

Typed or printed name of signee

Filing Fee: \$25.00