

M22000000405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

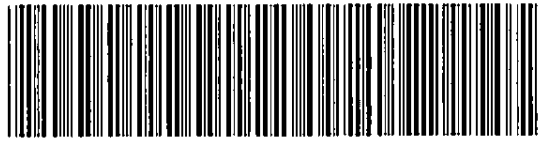
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
MAR 13 2023

Office Use Only



600404403276

RECEIVED
MAR 13 2023
BY: _____

03/14/23--01013--008 **25.00

FILED
2023 MAR 13 PM 12:01
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 18574 SW 17TH CT 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:

Michael Merino

Name of Person

Michael Merino P.A.

Firm/Company

6741 Orange Dr

Address

Davic, FL 33314

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Merino at (954) 321-7701

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)

FILED
2023 MAR 13 PM 12:01
TALLHASSEE, FL

**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: 18574 SW 17TH CT LLC

Enter new principal office address, if applicable: 1020 W Sunrise Blvd Ft Lauderdale, FL 33311

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

Enter new mailing address, if applicable: 1020 W Sunrise Blvd Ft Lauderdale, FL 33311

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

2. The Florida document number of this limited liability company is: M22000000405

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 01/05/2022

2023 MAR 13 PM 12:01
STATE
SECRETARY
OF
CORPORATIONS
FL

FILED

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: _____

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AP	Michael Merino	6741 Orange Dr Davie, FL 33314	<input type="checkbox"/> Add
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Remove

MGR	Hanini Investment LLC	1020 W Sunrise Blvd Ft Lauderdale, FL	<input type="checkbox"/> Add
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3331

Remove

MGR	Hanini Investment LLC	1020 W Sunrise Blvd Ft Lauderdale, FL	<input type="checkbox"/> Add
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33311

Remove

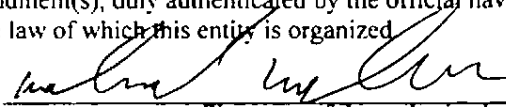
Add

Remove

Add

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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

Mohamad Muntaser

Typed or printed name of signee

Filing Fee: \$25.00

FILED
 2023 MAR 3 PM 12:01
 COUNTY CLERK'S OFFICE
 TALLAHASSEE, FL

STATE OF WYOMING
Office of the Secretary of State

I, KARL ALLRED, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

18574 SW 17th Ct LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **December 23, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001063451**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of November, 2022 at 2:10 PM. This certificate is assigned ID Number 056438126.



Handwritten signature of Karl T. Allred in black ink.

Secretary of State