

122000000541

(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:  
  
J. HORNE  
JUN - 9 2023

Office Use Only



900409862439

SECRETARY OF  
TALLAHASSEE COUNTY  
2023 JUN - 8 AM 9:19


2023 JUN - 8 AM 9:19



2023 JUN - 8 PM 4:04

2023 JUN - 8 PM 4:04

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 800052 4311305  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

-----  
ORDER DATE : June 8, 2023  
ORDER TIME : 1:15 PM  
ORDER NO. : 800052-015  
CUSTOMER NO: 4311305  
-----

FOREIGN FILINGS

NAME: 2093 US HIGHWAY 92 LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2093 Us Highway 92 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:

Robert Adjmi  
Name of Person

BB Capital Acquisitions LLC  
Firm/Company

1412 Broadway, 3rd Floor  
Address

New York, New York 10018  
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert Adjmi at ( 212 ) 398-3970 ext. 310  
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

**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: 2093 US Highway 92 LLC

Enter new principal office address, if applicable: \_\_\_\_\_

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

Enter new mailing address, if applicable: \_\_\_\_\_

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

2023 JUN -8 AM 9:19  
SECRETARY OF  
STATE  
TALLAHASSEE, FL

2023 JUN -8 AM 9:19  
SECRETARY OF  
STATE  
TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: M22000000541

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/10/2022

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

5. New name of the limited liability company: 2501 Galiano Street Holdings 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:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input type="checkbox"/> Add
-------	-------	-------	------------------------------

_____	_____	_____	<input type="checkbox"/> Remove
-------	-------	-------	---------------------------------

_____	_____	_____	<input 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.

/s/Robert Adjmi  
Signature of the authorized representative

Robert Adjmi  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "2093 US HIGHWAY 92 LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "2501 GALIANO STREET HOLDINGS LLC" ON THE EIGHTH DAY OF JUNE, A.D. 2023, AT 9:20 O`CLOCK A.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.



  
Jeffrey W. Bullock, Secretary of State

6328855 8320  
SR# 20232704403

Authentication: 203511608  
Date: 06-08-23

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)