

M22000003057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

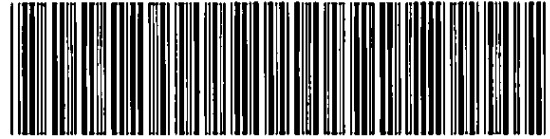
(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL 32301
866.625.0838
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Date: March 02, 2022

Account#: I20000000088

Name: David Shulman

Reference #: 1615744

Entity Name: KIESS REALTY, L.L.C.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

**ISSUES? CALL
David:
850-270-0082**

Authorized Amount: **\$25.00**

Signature: David Shulman



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**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: KIESS REALTY, L.L.C.

Enter new principal office address, if applicable: 701 BRICKELL AVE., STE. 1550

(Principal office address
MUST BE A STREET ADDRESS) MIAMI, FLA. 33131-2824

Enter new mailing address, if applicable: 701 BRICKELL AVE., STE. 1550

(Mailing address
MAY BE A POST OFFICE BOX) MIAMI, FLA. 33131-2824

2. The Florida document number of this limited liability company is: M122000003057

3. Jurisdiction of its organization: OHIO

4. Date authorized to do business in Florida: FEB. 25, 2022

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>
<u>MBR</u>	<u>JOSHUA E. KIESS</u>	<u>11 BROADWAY, STE. 615</u>	<input type="checkbox"/> Add
		<u>NEW YORK, N.Y. 10004-1490</u>	<input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>JOSHUA E. KIESS</u>	<u>701 BRICKELL AVE., STE. 1550</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FLA. 33131-2824</u>	<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

2027 MAR -2 10:00 AM '29

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.

Joshua E. Kiess
Signature of the authorized representative

JOSHUA E. KIESS
Typed or printed name of signee

Filing Fee: \$25.00