

M2200005110

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000159965 3))



H220001599653ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

FILED  
2022 MAY 11 PM 3:57

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
5320 USEPPA DRIVE SP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

MAY 12 2022

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help



May 10, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

5320 USEPPA DRIVE SP, LLC  
201 WILSHIRE PROPERTIES, INC.  
WILLIAM WARREN PROPERTIES, INC.  
SANTA MONICA, CA 90401

SUBJECT: 5320 USEPPA DRIVE SP, LLC  
REF: M22000005110

2022 MAY 11 PM 3:57

LEED

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet

The evidence we are requesting must show the change of the name in the home state and not just a good standing showing the name. The documents must actually show the change.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor  
Registration Section  
FAX Aud. #: H22000159965  
Letter Number: 722A00010724

2022 MAY 11 11:41

**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: 5320 USEPPA DRIVE SP, 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)

2. The Florida document number of this limited liability company is: M22000005110

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/26/22

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

5. New name of the limited liability company: 5320 USEPPA SP, 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

2022 MAY 11 PM 3:57

FILED

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

2022 MAY 11 PM 3:57

FILE

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

Clark Porter

Typed or printed name of signee

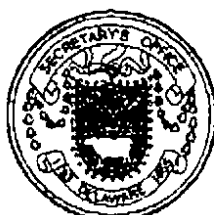
Filing Fee: \$25.00


# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "5320 USEPPA DRIVE SP, LLC", CHANGING ITS NAME FROM "5320 USEPPA DRIVE SP, LLC" TO "5320 USEPPA SP, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF APRIL, A.D. 2022, AT 6:43 O'CLOCK P.M.



  
Jeffrey W. Bullock, Secretary of State

6707650 8100  
SR# 20221644422

Authentication: 203326534  
Date: 05-02-22

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:43 PM 04/26/2022  
FILED 06:43 PM 04/26/2022  
SR 20221644422 - File Number 6707650


## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: \_\_\_\_\_  
5320 USEPPA DRIVE SP, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is: - 5320 USEPPA SP, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 25 day of April, A.D. 2022.

By:   
Authorized Person(s)

Name: Clark Porter  
Print or Type