

M23 000003936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

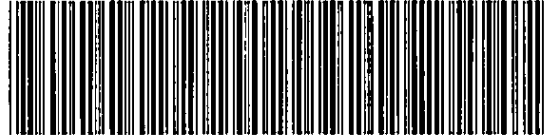
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400411828704

2023 JUL 12 AM 9:06
STATE
OFFICE, FL

FILED

GD

2023 JUL 12 AM 11:18



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyllena Baker
Ext: 61594
Date: 07/12/23
Order #: 1232637-1
Re: 2825 Wynwood Holding, LLC.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195 Authorization:

Please take the following action:

File in your office on basis
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Eyllena Baker', is written over the text 'File in your office on basis'.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: 2825 Wynwood Holding, LLC

Enter new principal office address, if applicable: 333 S. Grand Avenue, 47th Floor,

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

Los Angeles, CA 90071

Enter new mailing address, if applicable:

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

333 S. Grand Avenue, 47th Floor,

Los Angeles, CA 90071

2023 JUN 12 AM 9:06
CLERK OF STATE
TALLAHASSEE, FL

FILED

2. The Florida document number of this limited liability company is: M23000003936

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: March 27, 2023

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.

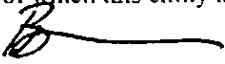
If Changing Registered Agent, Signature of New Registered Agent

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:
 Brian Aronson is hereby added as Authorized Person and National Safe Harbor Exchanges, Inc. is hereby removed as Manager/Member.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Brian Aronson	333 S. Grand Avenue, 47th Floor,	<input checked="" type="checkbox"/> Add
		Los Angeles, CA 90071	<input type="checkbox"/> Remove
Manager /Member	National Safe Harbor Exchanges, Inc.	10851 N. Black Canyon Highway, Suite 125,	<input type="checkbox"/> Add
		Phoenix, AZ 85029	<input checked="" 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.



 Signature of the authorized representative

Brian Aronson

 Typed or printed name of signee

Filing Fee: \$25.00

FILED
 2008 JUN 12 AM 9:07
 CLERK OF STATE
 TALLAHASSEE, FL