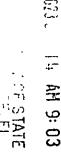
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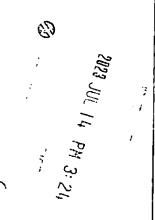
	(Requestor's Name)	
	(Address)	
	(Address)	
	(O.C. (O.C.) - (T.) - (D.) (I.)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
		_
	(Business Entity Name)	
	(Coomess Emily Home)	
	(Document Number)	
	,	
Certified Copies	Certificates of	Status
Cassial lastavations to	Files Officer	
Special Instructions to	Filing Officer:	
1		

Office Use Only



600411827466





CSC - Tallahassee
CSC 1201 Hays Street

Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 07/14/23 Order #: 1232983-1

Re: 2825 Wynwood MM, 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:

Melenan

12000000195

Authorization:

Please take the following action: File in your office on basis

Issue Proof of Filing

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)

Name of limited liability Company as it appears	s on the records of the Florida Department of	
State: 2825 Wynwood, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17	71
2. The Florida document number of this limited lia	1 · 1 ·	
Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: Marc	ch 28, 2023	
SECTION II (5-9 complete only the applicable of	•••	
5. New name of the limited liability company: 28 (must	contain "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name C." or "LLC.")	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	Florida	
	City Zip Code	
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	It and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited	

itle [,] Capacity	<u>Name</u>	Address	Type of Action	
			DAdd	
	-		□Remove	
	-		□Add	
	-		□Remove	
			□Add	
	-		□Remove	
			□Add	
	-		□Remove	
			□Add	
aforementioned amo	cate, if required: no more than 90 days andment(s), duly authenticated by the le law of which this entity is organized.	official having custody of recor	ds in the ds in	

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "2825 WYNWOOD, LLC"

FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "2825 WYNWOOD

MM, LLC", ON THE ELEVENTH DAY OF JULY, A.D. 2023, AT 6:31 O'CLOCK

P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "2825 WYNWOOD MM, LLC", IS THE LAST KNOWN TITLE OF RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY.

Authentication: 203749391

Date: 07-14-23

7251024 8321 SR# 20232999122