

M23000001337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

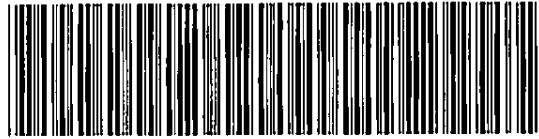
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 7 2025

Office Use Only



200443452942

FILED

2025 MAY -5 AM 8:56

RECEIVED

2025 MAY -5 AM 11:17



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 04/24/25
Order #: 1948172-1
Re: Cpp Opa-Locka LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195

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.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPP Opa-Locka 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:

Nicholas Pantuliano

Name of Person

c/o PTM Partners, LLC

Firm/Company

330 SW 2nd St. Unit 209

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Pantuliano

Name of Person

at (954) 999-0900

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: CPP Opa-Locka LLC

Enter new principal office address, if applicable: 330 SW 2nd St. Unit 209
Fort Lauderdale, FL 33312
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 330 SW 2nd St. Unit 209
Fort Lauderdale, FL 33312
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M23000007337

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: June 6, 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

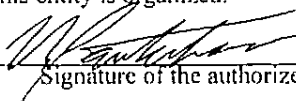
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2023 JUN -5 PM 8:56
CLERK OF COURT
CLERK OF COURT

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>
AMBR	Scott Meyer	6619 South Dixie Highway, Suite 589	☐ Add
		Miami, FL 33143	☒ Remove
MGR	Scott Meyer	6619 South Dixie Highway, Suite 589	☐ Add
		Miami, FL 33143	☒ Remove
AMBR	Michael Tillman	330 SW 2nd St. Unit 209	☒ Add
		Fort Lauderdale	☐ Remove
AMBR	Nicholas Pantuliano	330 SW 2nd St. Unit 209	☒ Add
		Fort Lauderdale	☐ Remove
			☐ Add
			☐ 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

Nicholas Pantuliano

Typed or printed name of signee

Filing Fee: \$25.00