# 1109000003354

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	rsiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SEGRETARY LOSS. TALLAHASSEE, FIFE

RECEIVED

Y SULKER OCT 22 2021

# Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/21/2021	_	⇔WALK IN
ENTITY NAME FLOR	RIKAN HOLDINGS, LLC	<u>C</u>
DOCUMENT NUMBER	M09000003354	
	**PLEASE FILE TH	YE ATTACHED AND RETURN**
XXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
_ <del></del>	Certified Copy of Arts Certificate of Good Sta	
	**APOSTILLE' / N	NOTARIAL CERTIFICATION**
COUNTRY OF DESTINA		
NUMBER OF CERTIFICA	ATES REQUESTED	
TOTAL OWED_\$25.0	00	ACCOUNT #: I20160000072
		5. R FM
Please call Tina at	the above number for	any issues or concerns. Thank you so much!

### **COVER LETTER**

TO:			Section Corporations			
SUBJE	ECT:	Florika	n Holdings, LLC	_	_	
			Name of Fore	ign Limited Li	iability Com	pany
Dear Si	ir or N	iadam:				
The end	closed	l applic	ration, certificate and fee(s	s) are submitte	ed for filing.	
Please	return	all cor	respondence concerning t	his matter to t	he following	::
Pamela	Uran					
	_		Name of Person			
c/o Fred	drikson	& Byre	on, P.A.			
-			Firm/Company	-		
200 Soc	սւհ 6ւհ	Street, S	Suite 4000			
		_	Address		<del></del>	
Minnea	polis N	AN 5540	12			
		_	City/State and Zip Co	de		
E-ma	ail add	dress: (	to be used for future annu	al report notif	ication)	
For fur	ther in	nforma	tion concerning this matte	r, please call:		
Pam Ur	an			_ at (	492-773 )	1
		Nan	ne of Person	Area Co	ode & Daytir	ne Telephone Number
	Regi Divi P.O.	sion of Box 6	n Section Corporations		Division The Cen 2415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303
X\\$25	<b>Encl</b> Filing	osed is Fee	a check for the followin  \$\Boxed{\subsets} \$	🗆 \$55 Fili	-	☐ \$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)

State: Florikan Holdings, LLC  Enter new principal office address, if applicable:			
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)			
2. The Florida document number of this limited I	liability company is: M0900000	3354	
Jurisdiction of its organization:		13.1 22	
4. Date authorized to do business in Florida: 08/			
SECTION II (5-9 complete only the applicable		Fig. 6	
5. New name of the limited liability company:(mu	Rosenthal Holdings 2, LLC ust contain "Limited Liability Co	ompany, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or must contain "Limited Liability Company," "L.L. 6. If amending the registered agent and/or register	nanaging members adopting the au.C." or "LLC.")	alternate name. The alternate nan	
registered agent and/or the new registered office	address here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da Street Address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered ag the provisions of all statutes relative to the prope	gent and agree to act in this cape	icity. I further agree to comply w	

If Changing Registered Agent. Signature of New Registered Agent

If the amendment c	hanges person, title or capacity in a	accordance with 605.0902 (1)(e), indicate tha	t change:
itle/ Capacity	Name	Address	Type of Action
			DAdd
			□Remov
			□Add
			□Remov
			□Add
			□Remov
			DAdd
			□Remov
			□Add
aforementioned am	cate, if required: no more than 90 endment(s), duly authenticated by he law of which this entity is organ	the official having custody of records in the	□Remov
	Signature of Signa	the authorized representative	

.

Filing Fee: \$25.00

Delaware

The First State

Page 1

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 "FLORIKAN HOLDINGS,
LLC", CHANGING ITS NAME FROM "FLORIKAN HOLDINGS, LLC" TO
"ROSENTHAL HOLDINGS 2, LLC", FILED IN THIS OFFICE ON THE
TWENTY-FIRST DAY OF OCTOBER, A.D. 2021, AT 10:06 O'CLOCK A.M.



Authentication: 204473757

Date: 10-21-21

State of Delaware Secretary of State Dhision of Corporations Delivered 10:06 AM 10:21/2021 FILED 10:06 AM 10:21/2021 SR 20213574044 - File Number 4707293

#### STATE OF DELAWARE

### CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION OF FLORIKAN HOLDINGS, LLC

The undersigned, pursuant to the provisions of the Delaware Limited Liability Company Act, Section 18-202, sets forth the following amendment to the Certificate of Formation:

- 1. The name of the limited liability company is Florikan Holdings, LLC (the "Company").
- 2. Article First of the Certificate of Formation of the Company is hereby amended to read in its entirety as follows:

First: The name of the limited liability company is Rosenthal Holdings 2, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment this 20th day of October, 2021.

Rv.

Eric Rosenthal, Authorized Person-