

5/4/23 4:29 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M11000002764

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

From: Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305)374-7580
Fax Number : (305)351-2122

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

Email Address: vva@bilzin.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
157TH KENDALL 2, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2023 5 -5 PM 1:13

Docu Sign Envelope ID: 92F7E9D4-2125-4469-BE46-2BCC02770EC2 (((H23000168190 3)))

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: 157th Kendall 2, LLC

Enter new principal office address, if applicable: 1801 West 27th Street

(Principal office address MUST BE A STREET ADDRESS) Miami, Florida 33140

Enter new mailing address, if applicable: 1801 West 27th Street

(Mailing address MAY BE A POST OFFICE BOX) Miami, Florida 33140

2. The Florida document number of this limited liability company is: M11006002764

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: May 31, 2011

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

5. New name of the limited liability company: (must contain "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

6. If amending the registered agent and/or registered office 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: Kandy Kramer

New Registered Office Address: 1801 West 27th Street Enter Florida Street Address Miami, Florida 33140 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

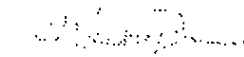
DocuSign Envelope ID: 92F7E9D4-2125-4489-BE46-2BCCC2270EC2 ((H23000168190.3))

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>
MGRM	Spencer S. Kramer and Norman Meserwitz as Trustees of the Kandy Kramer 2012 Irrevocable Trust dated December 28, 2012	3615 Northwest 2nd Avenue	<input type="checkbox"/> Add
		Miami, Florida 33127	<input checked="" type="checkbox"/> Remove
MGRM	Jane Meserwitz and Norman Meserwitz, as Trustees of the Kandy Kramer 2012 Irrevocable Trust dated December 28, 2012	1801 West 27th Street	<input checked="" type="checkbox"/> Add
		Miami, Florida 33140	<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

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 laws of which this entity is organized.



Signature of the authorized representative

Kandy Kramer

Typed or printed name of signee

Filing Fee: \$25.00