

Florida Department of State  
Division of Corporations  
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((H23000284429 3)))



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To:

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

From:

Account Name : LAW OFFICES OF NELSON & NELSON, P.A.  
Account Number : I20230000119  
Phone : (305)932-2000  
Fax Number : (305)932-6585

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

Email Address: ALEXANDRA@ESTATETAXLAWYERS.COM

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**RECEIVED**

2023 AUG 16 PM 12:06

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 AUG 16 AM 8:59

FAX AUDIT NUMBER: H23000284429 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, LLCEnter new principal office address, if applicable: 3615 NW 2nd Avenue(Principal office addressMUST BE A STREET ADDRESS)Miami, Florida 33127

Enter new mailing address, if applicable:

(Mailing addressMAY BE A POST OFFICE BOX)3615 NW 2nd AvenueMiami, Florida 331272. The Florida document number of this limited liability company is: MI10000027643. Jurisdiction of its organization: Delaware4. 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," "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: Spencer KramerNew Registered Office Address: 3615 NW 2nd AvenueEnter Florida Street AddressMiamiCityFlorida 33127Zip 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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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	Jane Moscovitz and Norman Moscovitz, as Trustees of the Kandy Kramer 2012 Irrevocable Trust w/d December 28, 2012	1801 West 27th Street	<input type="checkbox"/> Add
		Miami, Florida 33140	<input checked="" type="checkbox"/> Remove
MGRM	Spencer Kramer, as Trustee of the Kandy Kramer 2012 Irrevocable Trust w/s/d December 28, 2012	3615 Northwest 2nd Avenue	<input checked="" type="checkbox"/> Add
		Miami, Florida 33127	<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 law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

*Spencer Kramer*  
\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00

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