M1200000H236

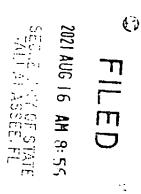
(Re	equestor's Name)	
————(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



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08/16/21--01043--001 **475.00



COVER LETTER

TO:		tration S ion of C	Section orporations				•
SUBJE	ECT:	2950 NE	2ND, LLC				
			Name of	f Foreign Li	mited Liabi	ility Com	npany
Dear S	Sir or M	ladam:					
The en	closed	applica	tion, certificate and	d fee(s) are	submitted f	or filing.	
Please	return	all corre	espondence concer	ning this m	atter to the	following	g:
RITA N	M RICO	•					
			Name of Person		_	•	
C/O CR	RESCE	NT HEIG	HTS				
	-		Firm/Company			-	
2200 B	ISCAY	NE BOU	LEVARD				
			Address			•	
МІАМІ	I, FLOR	RIDA 331	37				
	•		City/State and Z	ip Code			
RRICO	@CRE	SCENTH	EIGHTS.COM				
E-m	nail add	lress: (to	be used for future	annual rep	ort notificat	tion)	
For fur	rther in	ıformatio	on concerning this	matter, plea	ase call:		
RITA N	M RICO	•		at (305	374-570	
	_	Name	of Person		Area Code	& Dayti	me 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 81 Tallahassee, FL 32303		ntion Section of Corporations of Tallahassee Monroe Street, Suite 810		
■\$25	Filing	Fee	check for the fol \$30 Filing Fee Certificate of S	& 🗆	ount: \$55 Filing I Certified C		☐ \$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 appear	s on the records of the Florida Department of
State: 2950 NE 2ND, 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)	2021 AUG 7 T T T T T T T T T T T T T T T T T T
2. The Florida document number of this limited lia	ability company is: M12000004236
3. Jurisdiction of its organization: DELAWARE	
	/2012
SECTION 11 (5-9 complete only the applicable	changes)
5. New name of the limited liability company: (mus	st contain "Limited Liability Company, " "L.L.C.," or "LLC.")
	I 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 registered registered agent and/or the new registered office as	ed officer address on our records, enter the name of the new ddress here:
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 regist	nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered 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>	<u>Address</u>	Type of Actio
P	CHANTAL DEVOS	2200 BISCAYNE BOULEVARD	= Add
		MIAMI, FLORIDA 33137	□Remo
			□Add
			□Remo
			□Add
			□Remo
			□Add
			□Rem
			□Add
aforemention	a certificate, if required: no more t ned amendment(s), duly authentic under the law of which this entity	ated by the official having custody of records in th	□Reme

Filing Fee: \$25.00