(Requestor's Name)
(Address)
(Address)
(Mariess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dualiteas Ethick Matthe)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



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2022 DEC 20 至6.55

A PUILLS DEC 2 2 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 264908 8276728
AUTHORIZATION: Spelle Report
COST LIMIT : \$25.00
ORDER DATE : December 20, 2022
ORDER TIME : 2:49 PM
ORDER NO. : 264908-010
CUSTOMER NO: 8276728
FOREIGN FILINGS
NAME: 437 NE 29TH STREET, LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT#

EXAMINER:

COVER LETTER

	_	ration Section on of Corporati	ons			
SUBJEC	CT: _	137 NE 29th 9	Street, LLC			
	-		Name of Foreig	n Limited Liabil	lity Compa	any
Dear Sir	or Ma	ıdam:				
The encl	losed a	application, cer	tificate and fee(s)	are submitted fo	or filing.	
Please re	eturn a	ll corresponder	nce concerning thi	s matter to the f	following:	
Jami	ie M	andel				
,		Name	of Person			
DLC	Са	pital Man	agement, l	LLC		
		Firm/	Company			
3921	Alt	on Road	#465			
		A	Idress			
Mian	ni B	each, FL	33140			
			tate and Zip Code			
ibma	ınde	l@dlccai	omgmt.con	n		
-			for future annual		on)	
			rning this matter,	please call:		
Jami	ie M	andel		_{at (} 917	, 593-1	1644
		Name of Pers	วท	Area Code	& Daytime	2 Telephone Number
F E C 2	Registi Divisio Clifton 2661 E	ET/COURIER ration Section on of Corporation Building Executive Center assee, Florida 3	ons r Circle		Registra Divisior P.O. Bo	NG ADDRESS: ution Section of Corporations x 6327 ssee, Florida 32314
Enclosed		Fee □ \$30	ollowing amount) Filing Fee & tificate of Status	: \$55 Filing Certified	-	S60 Filing Fee. Certificate of Status & Certified Copy

CR2E055 (9/15)

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) 2022 DEC 20 AM 6: 55

1. Name of limited liability Company as it appears	s on the records of the Florida	Department of STATE
State: 437 NE 29th Street, LLC		10 Single
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 lia	bility company is: <u>M19</u>	000003028
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 3/2		
SECTION II (5-9 complete only the applicable of	changes)	
5. New name of the limited liability company: (must	3442-3490 Warehot contain "Limited Liability C	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the	g business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Flor	ida Street Address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper- and accept the obligations of my position as registe document is being filed to merely reflect a change is liability company has been notified in writing of the	gistered Agent; it and agree to act in this cap and complete performance of ered agent as provided for in in the registered office addre.	acity. I further agree to comply with f my duties, and I am familiar with Chapter 605, F.S. Or, if this

If the amendr	nent changes person, title or capacity in	accordance with 605.0902 (1)(e), indicate that	nt change:
it <u>le/ Capacity</u>	<u>Name</u>	Address	Type of Action
AP	Brian Gallagher	1600 N Bethlehem Pike	Add
		Lower Gwynedd, PA 190	02_ ■ Remov
			Add
			Remov
			Add
			Remov
			Add
			Remove
		<u> </u>	Add
			Remov
aforemention	certificate, if required: no more than 9 ed amendment(s), duly authenticated had refer the law of which this entity is org	by the official having custody of records in th	e
	Jany	of the authorized representative	

•

Filing Fee: \$25.00

<u>Delaware</u>

Page 1

The First State

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 "437 NE 29TH STREET,
LLC", CHANGING ITS NAME FROM "437 NE 29TH STREET, LLC" TO
"3442-3490 WAREHOUSE, LLC", FILED IN THIS OFFICE ON THE
TWENTIETH DAY OF DECEMBER, A.D. 2022, AT 11:45 O'CLOCK A.M.



Authentication: 205145408

Date: 12-20-22

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

as follows:	of Formation of the limited liability company is hereby
	the limited liability company is
3442-3490 W	Jarehouse, LLC.
	VHEREOF, the undersigned have executed this Certif
IN WITNESS V	VHEREOF, the undersigned have executed this Certif day of, A.D, A.D
	•
	•