10/21/24, 9:31 AM

Division of Corporations

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From:		> ² ' −
	Account Name : BUSINESS FILINGS	
	Account Number : 105256001620	
i	Phone : (608)827-5300	
í	Fax Number : (608)827-5501	.: ZZ

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M. SOLOMON

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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	-				
State: JRM Construction Management Florida	a. LLC				
Enter new principal office address, if applicable.	111 W. 33rd Street, 4th Floor, New York, NY 10120	0			
(Principal office address MUST BE A STREET ADDRESS)					
(Mailing address MAY BE A POST OFFICE BOX)	111 W. 33rd Street, 4th Floor, New York, NY 10120	2024 OCT			
2. The Florida document number of this limited liab	bility company is: M19000009011				
3. Jurisdiction of its organization: Delawate		75 3355 18 30 18 18 18 18 18 18 18			
4. Date authorized to do business in Florida: 9/17/2019					
SECTION II (5-9 complete only the applicable c	changes)	,			
5. New name of the limited liability company:(intist	contain "Limited Liability Company, " "L.L.C.," or	"LLC.")			
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and taging members adopting the alternate name. The after or "LLC.")	lattach a unate name			
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the name of the	e new			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florula Street Address				
	City Zip Co	ədir			
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	it and agree to act in this capacity. I further agree to a and complete performance of my duties, and I am fan cred agent as provided for in Chapter 605, F.S. Or, if in the registered office address. I hereby confirm that	rillar with This			

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	nent changes person, true or capacity in	accordance with 605.0902 (1)(e), indicate that	change:
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
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