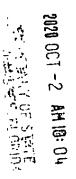
## M2000000821

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

Office Use Only



200352190292





NOV 10 2020 M. SOLOMON September 25, 2020

Via U.S. Mail

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Amendment to Applications by Foreign Limited Liability Company for

Authorization to Transact Business in Florida

Dear Sir or Madam:

Enclosed please find two Amendments to Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with our check in the amount of \$50.00 to satisfy the filing fees.

Once the Amended Applications have been filed, please return confirmation in the self-addressed, postage-paid envelope provided.

Sincerely,

DINGEMAN & DANCER, PLC

Katie J. Sabo, Esq.

KJS Enclosures

# 2020 OCT -2 AM 10: O4

#### **COVER LETTER**

		stration Section ion of Corporations					
SUBJE	CT:	423 Olivia Street, LLC					
., 0	Name of Foreign Limited Liability Company						
Dear Sir	r or N	ladam:					
The enc	losed	application, certificate and fee(s	) are submitted	l for filing	<u>u</u> .		
Please re	eturn	all correspondence concerning th	nis matter to the	e followi	ng:		
Katie J.	Sabo						
		Name of Person		_			
Dingema	an & [	Dancer, PLC					
		Firm/Company		<del>_</del>		٠.	
100 Park	k Stre	eet				ų.	
		Address		_			
Traverse	e City	. MI 49684				Alde to Aller Alle	
		City/State and Zip Coo	le	_		- 연항 - 등표	
Dingema	an@d	ldc-law.com				·	
E-mai	il add	lress: (to be used for future annua	if report notific	ation)			
For furtl	her in	formation concerning this matter	, please call:				
Katie Sa	ode		231 at (	929-0	500		
		Name of Person		le & Dayı	time Telephone Number		
]   	Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Division The Centre 2415 N	address: ration Section on of Corporations entre of Tallahassee J. Monroe Street, Suite 81 assee, FL 32303	0	
■\$25 F CR2E055	iling	Certificate of Status	g amount: □ \$55 Filing Certified	-	☐ \$60 Filing Fee, Certificate of Status Certified Copy	Ŀ	

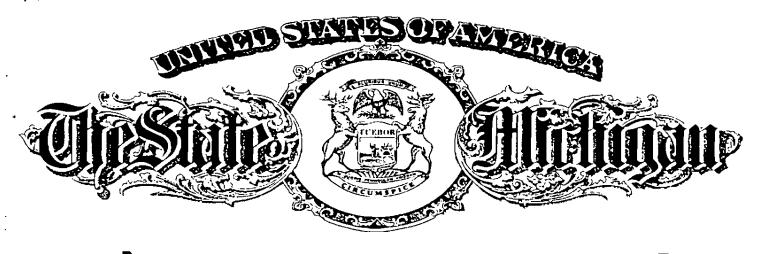
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

#### SECTION 1 (1-4 must be completed)

1. Name of limited liability Company as it appears on the records	•	
State: 423 Olivia Street, LLC		
Enter new principal office address, if applicable:		
(Principal office address  MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2020
	3.50	1001
2. The Florida document number of this limited liability company	is: M20000008211	-2
•••	10 	P
3. Jurisdiction of its organization: Michigan		AM B: U
4. Date authorized to do business in Florida: 9/1/2020	The first	f.
SECTION II (5-9 complete only the applicable changes)		
5. New name of the limited liability company: (must contain "Limit	ed Liability Company, ""L.L.C" or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose copy of the written consent of the managers or managing members must contain "Limited Liability Company," "L.L.C." or "LLC.")		
6. If amending the registered agent and/or registered officer address registered agent and/or the new registered office address here:	ss on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida Street Address	
	Enter Florida Street Address	
	ity Zip Code	
	•	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to the provisions of all statutes relative to the proper and complete p and accept the obligations of my position as registered agent as padocument is being filed to merely reflect a change in the registered liability company has been notified in writing of this change.	act in this capacity. I further agree to comply w erformance of my duties, and I am familiar wit rovided for in Chapter 605, F.S. Or, if this	h

Title/ Capacity	<u>Name</u>	Address	Type of Action
Manager ———	Daniel J. Dingeman	100 Park Street	Add
		Traverse City, MI 49684	□Remove
			□Add
			□Remove
			□Add
			200 € 0CT -
			DAD BOOK
			□Add
aforementio	a certificate, if required; no more the need amendment(s), duly as the vica under the law of which this eraction.	ited by the official paying alstody of records in the	□Remove

Filing Fee: \$25.00



### Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That
423 OLIVIA STREET LLC

was validly authorized on August 28. 2020, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 20083088430

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 31st day of August , 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau