

M210000012062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

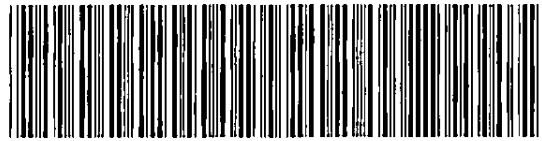
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2025 JUL 30 PM 1:47

STATE OF FLORIDA
TALLAHASSEE, FL

9/11/2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANTIS AT LAKE WORTH LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Velez
Name of Person

ADVANTIS AT LAKE WORTH LLC
Firm/Company

175 SW 7th Street, Suite 2112
Address

Miami, FL 33130
City/State and Zip Code

mrojas@midtown-capital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Velez at (305) 505-4945
Name of Person Area Code & Daytime 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 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☐ \$25 Filing Fee | ☒ \$30 Filing Fee &
Certificate of Status | ☐ \$55 Filing Fee &
Certified Copy | ☐ \$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**

FILED

SECTION I (1-4 must be completed)

2025 JUL 30 PM 1:47

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: ADVANTIS AT LAKE WORTH LLC

SECRETARY OF STATE
TALLAHASSEE, FL

Enter new principal office address, if applicable: 175 SW 7th Street

(Principal office address
MUST BE A STREET ADDRESS) Suite 2112

Miami, FL 33130

Enter new mailing address, if applicable: 175 SW 7th Street

(Mailing address
MAY BE A POST OFFICE BOX) Suite 2112

Miami, FL 33130

2. The Florida document number of this limited liability company is: M21000012062

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 09/13/2021

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: DADE REGISTERED AGENT INC

New Registered Office Address: 175 SW 7th Street, Suite 2112

Enter Florida Street Address

Miami Florida 33130
City Zip 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.

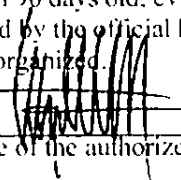
If Changing Registered Agent, Signature of New Registered Agent

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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
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_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ 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

Alejandro Velez

Typed or printed name of signee

Filing Fee: \$25.00