

M210000617109

(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:

J. HORNE
NOV 20 2024

Office Use Only



300438438763

FILED
NOV 13 AM 9:48
STATE OF FLORIDA
TALLAHASSEE

11/13/24--01011--004 \$10.00

RECEIVED
2024 NOV 13 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: JENA 11/13

CERTIFIED COPY

XX

PHOTOCOPY

XX

CUS

GS

XX

FILING

LLC AMEND

1. ALPINE TOWNHOUSES LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:



Corrected

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2024

CORPORATE ACCESS, INC.

SUBJECT: ALPINE TOWNHOMES, LLC
Ref. Number: M21000017109

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 824A00024915

RECEIVED
2024 NOV 19 AM 10:42
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alpine Townhomes, 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:

Valerie Zackschewski
Name of Person

BAS Holdings
Firm/Company

3921 Alton Road, Suite 439
Address

Miami Beach, FL 33140
City/State and Zip Code

valerie@basholdings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Zackschewski at (646) 831-5686
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**

SECTION I (1-4 must be completed)

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

State: Alpine Townhomes LLC

Enter new principal office address, if applicable: 545 NW 26th Street

(Principal office address

MUST BE A STREET ADDRESS)

Suite 620

Miami, FL 33127

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

3921 Alton Road

Suite 439

Miami Beach, FL 33140

2. The Florida document number of this limited liability company is: M21000017109

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12-14-2021

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: Jeremy Ben-David, Esq

New Registered Office Address: 3921 Alton Road, Suite 439

Enter Florida Street Address

Miami Beach

City

Florida 33140

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.

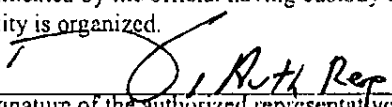
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Redwood National Properties, LLC</u>	<u>3921 Alton Road, Suite 439</u>	<input type="checkbox"/> Add
		<u>Miami Beach, FL 33140</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Alpine Townhomes Mezz, LLC</u>	<u>3921 Alton Road, Suite 439</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Beach, FL 33140</u>	<input type="checkbox"/> Remove
<u>AREP</u>	<u>Brian A. Sidman</u>	<u>3921 Alton Road, Suite 439</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Beach, FL 33140</u>	<input type="checkbox"/> Remove
<u>AREP</u>	<u>David Burstyn</u>	<u>3921 Alton Road, Suite 439</u>	<input checked="" type="checkbox"/> Add
		<u>Miami Beach, FL 33140</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> 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

David Burstyn, Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00