# M2200000213

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	<u>.</u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FILL ED
2024 JUL 16 PH 12: 05

### **COVER LETTER**

Division of Corporations	
SUBJECT: 605 18th Ave LLC	
Name of F	Foreign Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and	fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
SADIE SMELKER	
Name of Person	
IWP FAMILY OFFICE	
Firm/Company	
2719 E THIRD AVE	
Address	
DENVER, CO 80206	·····
City/State and Zip	o Code
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this m	natter, please call:
SADIE SMELKER	at ( 720 ) 336—5414
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 follo \$\times \text{S25 Filing Fee} \to \text{\$\text{S30 Filing Fee & Certificate of Sta}}	

TO: Registration Section



June 24, 2024

SADIE SMELKER IEP FAMILY OFFICE 2719 E THIRD AVENUE DENVER, CO 80206

SUBJECT: 606 15TH AVE LLC Ref. Number: M22000000213

We have received your document for 606 15TH AVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 024A00013733

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

Division of the property of th

# 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 appear	s on the records of the Florida Departme	ent of
State:	606 15th Ave LLC	<u> </u>
Enter new principal office address, if applicable:		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		2024 JUL 16
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		F. B
2. The Florida document number of this limited lia	ability company is: M22000000213	
Jurisdiction of its organization:	DE	
Date authorized to do business in Florida:	01/01/2022	
SECTION II (5-9 complete only the applicable		
5. New name of the limited liability company:(mus	605 18th Ave LLC t 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 mai must contain "Limited Liability Company," "L.L.C	naging members adopting the alternate n	
6. If amending the registered agent and/or registere registered agent and/or the new registered office as	ed officer address on our records, <u>enter the ddress here:</u>	he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida Street ;	
	Flo	rida <u>Zip Code</u>
New Registered Agent's Signature, if changing Re 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 regist document is being filed to merely reflect a change liability company has been notified in writing of th	nt and agree to act in this capacity. I fur, and complete performance of my duties, ered agent as provided for in Chapter 60 in the registered office address, I hereby	, and I am familiar with 05, F.S. Or, if this

If Changing Registered Agent, Signature of New Registered Agent

Title/ Capacity	<u>Name</u>	Address	Type	of Action
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			<i>y</i>	

Filing Fee: \$25.00

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "605 18TH AVE LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE NINETEENTH DAY OF MARCH, A.D. 2024.



Authentication: 203056808

Date: 03-19-24

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Ave	name LLC	of	the :	limited	liability	company	is 60	)5
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IN W	ITNES	S W	IERE	OF, the u	ndersigned have	executed th	nis Certi	fica
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the	31		<u></u> c		<u> </u>		А.D. <u>С</u>	<u> </u>
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