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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: NRAI SERVICES, LLC

Account Number : I20080000104

Phone

: (302)674-4089

Fax Number

: (302)674-5266

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dmv@potamkinfamily.com

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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 on the records of the Florida Department of State: 1695 Alton, LLC Enter new principal office address, if applicable:
1. Name of limited liability Company as it appears on the records of the Florida Department of
State: 1695 Alton, LLC
Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX)
2. The Florida document number of this limited liability company is: M22000000774
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: January 14, 2022
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:
New Registered Office Address: Enter Florida Street Address
City Florida 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

itle/ Capacity	Name	Address	Type of Actio
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jurisdiction v	inder the law of which this entity is orga	nnized.	
		the authorized representative	
		the authorized representative	
	JOHN RHODES		

Filing Fee: \$25.00

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

ATTACHMENT I

8. If the Amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:

Title/Capacity	Name	Address	Type of Action
Other – CEO	Alan Potamkin	5800 N.W. 171" Street, Miami, Florida 33015	■ Add
Member	Alan Potamkin	5800 N.W. 171 Street, Miami, Florida 33015	■ Remove
Other - President	Robert Potamkin	5800 N.W. 171st Street, Miami, Florida 33015	■ Add
Member	Robert Potamkin	5800 N.W. 171 st Street, Miami, Florida 33015	■ Remove
Other – Vice President/Assistant Secretary	John Rhodes	5800 N.W. 171 st Street, Miami, Florida 33015	■ Add
Member	John Rhodes	5800 N.W. 171 Street, Miami, Florida 33015	■ Remove
Other - Treasurer/Secretary	David Yusko	5800 N.W. 171st Street, Miami, Florida 33015	■ Add
Member	David Yusko	5800 N.W. 171 st Street, Miami, Florida 33015	■ Remov
Other - Assistant Secretary	Evelyn Munoz	5800 N.W. 171 st Street, Miami, Florida 33015	■ Add
Member	Evelyn Munoz		Remov