

M220000007899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

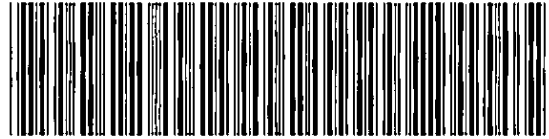
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Q. SILAS

AUG 1 2022

Office Use Only



800390190988

FILED

SECRETARY OF STATE  
TALLAHASSEE, FL

JUL 27 10 00 AM

RECEIVED

TALLAHASSEE, FL

2022 JUL 27 AM 11:37



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2022

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: 5055 COLLINS ACQUISITIONS, LLC  
Ref. Number: M22000007899

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

The current document number of the entity is as referenced above. Please correct your document accordingly.

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

Querida R Silas  
Regulatory Specialist II

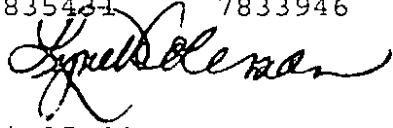
Letter Number: 422A00016925

RECEIVED  
2022 JUL 29 AM 11:34  
ALLIANCE

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 835431 7833946

AUTHORIZATION : 

COST LIMIT : \$ 25.00

-----  
ORDER DATE : July 26, 2022

ORDER TIME : 8:17 AM

ORDER NO. : 835431-010

CUSTOMER NO: 7833946  
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FOREIGN FILINGS

NAME: 5055 COLLINS ACQUISITIONS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5825 COLLINS ACQUISITIONS, 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:

Jordan Kornberg

Name of Person

M-5825 COLLINS MGR, LLC

Firm/Company

2601 S. Bayshore Drive, Ste. 850

Address

Miami, FL 33133

City/State and Zip Code

CNazarkewich@mastcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Nazarkewich

Name of Person

at (305) 531-2426

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**

JUL 27 PM 3:27

**SECTION I (1-4 must be completed)**

SECRETARY OF STATE  
TALLAHASSEE, FL

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

State: 5055 COLLINS ACQUISITIONS, 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)

2. The Florida document number of this limited liability company is: M22000007S99

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/19/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: 5825 COLLINS ACQUISITIONS, LLC  
(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 "L.L.C.")

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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:

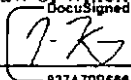
\_\_\_\_\_

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

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
M	M-5825 Collins MGR, LLC	2601 S. Bayshore Drive, Ste. 850	<input checked="" type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
M	M-5055 Collins MGR, LLC	2601 S. Bayshore Drive, Ste. 850	<input type="checkbox"/> Add
		Miami, FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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.

DocuSigned by:  
  
 837A70B6606254B4... Signature of the authorized representative

Jordan Kornberg

\_\_\_\_\_  
 Typed or printed name of signee

**Filing Fee: \$25.00**

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "5055 COLLINS  
ACQUISITIONS, LLC", CHANGING ITS NAME FROM "5055 COLLINS  
ACQUISITIONS, LLC" TO "5825 COLLINS ACQUISITIONS, LLC", FILED  
IN THIS OFFICE ON THE TWENTIETH DAY OF JULY, A.D. 2022, AT 5:08  
O'CLOCK P.M.



6726191 8100  
SR# 20223043209

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203978381  
Date: 07-21-22