M22000007998

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name) (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
ي. ـ iS				
JUL 2 8 2022				

Office Use Only



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SECRETARY OF STATESFE FOR AHASSEES FULL 27 AHAII: 37

CORPORATION SERVICE COMPANY 1201 Hays Street

CERTIFIED COPY
PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 835431 7833946
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE : July 26, 2022
ORDER TIME : 8:17 AM
ORDER NO. : 835431-015
CUSTOMER NO: 7833946
FOREIGN FILINGS
NAME: M-5055 COLLINS INVESTOR, LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX AMENDMENT
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

COVER LETTER

TO:	Registra Division		Section Corporations					
SUBJE	ECT:	-5825	COLLINS INVESTOR, LL	.C				
		·	Name of Forei	ign Lim	ited Lia	ibility Cor	npan	y'
Dear Si	ir or Mac	dam:						
The end	closed ap	oplic	ation, certificate and fee(s	s) are su	bmitted	l for tiling	<u>.</u>	
Please	return ali	l con	respondence concerning t	his mat	ter to th	e followir	រនិ:	
Jordan l	Kornberg							
-			Name of Person			.		
M-5825	COLLIN	S MO	GR. LLC					
			Firm/Company			_		
2601 S.	Bayshore	Driv	e, Ste. 850					
			Address					
Miami,	FL 33133							
			City/State and Zip Co	de				
	_		apital.com					
E-ma	ail addre:	ss: (t	o be used for future annu-	al repor	t notific	cation)		
For fur	ther info	rmat	ion concerning this matte	r, pleas	e call:			
Carol N	azarkewic	ch		at (05	531-24	126	
		Nam	e of Person	Ā	rea Coc	le & Dayt	ime T	elephone 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 81 Tallahassee, FL 32303				
■\$25	Filing Fe		a check for the followin ☐ \$30 Filing Fee & Certificate of Status	□ \$:		g Fee & 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)

JUL	27	यति हि

1. Name of limited liability Company as it appears	on the records of the Florida Department AHASSEE, FL
State: M-5055 COLLINS INVESTOR, LLC	
Enter new principal office address, if applicable:	
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liab	oility company is: M22000007998
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 05/20	/2022
SECTION II (5-9 complete only the applicable c	¬
5. New name of the limited liability company: $\frac{M}{\text{must}}$	5825 COLLINS INVESTOR, LLC 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 man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a aging members adopting the alternate name. The alternate name." or "LLC.")
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records. enter the name of the new dress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
	Florida City Zip Code
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
Title/ Capacity	<u>Name</u>	Address	Type of Action			
M	M-5825 Collins MGR, LLC	2601 S. Bayshore Drive, Ste. 850	∃ Add			
		Miami, FL 33133	□Remo			
M	M-5055 Collins MGR, LLC	2601 S. Bayshore Drive, Ste. 850	□Add			
		Miami, FL 33133	=Remo			
			Add			
			□Remo			
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
			□Remo			
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
aforementio	under the law of which this entity is o	d by the official having custody of records in t	□Remo			

Filing Fee: \$25.00



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 'M-5055 COLLINS

INVESTOR, LLC', CHANGING ITS NAME FROM "M-5055 COLLINS

INVESTOR, LLC" TO "M-5825 COLLINS INVESTOR, LLC", FILED IN THIS

OFFICE ON THE TWENTIETH DAY OF JULY, A.D. 2022, AT 5:08 O'CLOCK

P.M.



Authentication: 203978382

Date: 07-21-22