Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

M22000012351

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SECRETARY OF STATE
TALLAHASSEE, FL

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON
Account Number : I20060000135
Phone : (305)789-3200
Fax Number : (305)789-4137

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

Email Address: Chana@joineddev.com

C. BRUMBLEY
DEC 20 2022

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

BUENA VISTA APARTMENTS OF MIAMI LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$55.00

Electronic Filing Menu Corporate Filing Menu Help

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: BUENA VISTA APARTMENTS OF MIAMI LLC (Cross Reference BUENA VISTA APARTMENTS 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) _____

_____

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TALLAHASSEE, FL

2. The Florida document number of this limited liability company is: M22000012351

3. Jurisdiction of its organization: NEW JERSEY

4. Date authorized to do business in Florida: 08/05/2022

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

_____, 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:
Chana Kalai & Yeshiah Max Kaufman are Managers; Joined Development Partners LLC is the Membe

Title/ Capacity	Name	Address	Type of Action
MGR	Chana Kalai	127 Hazel St.	☒Add
		Clifton, NJ 07011	☐Remove
MGR	Yeshiah Max Kaufman	127 Hazel St.	☒Add
		Clifton, NJ 07011	☐Remove
MBR	Joined Development Partners LLC	127 Hazel St.	☒Add
		Clifton, NJ 07011	☐Remove
MBR	Chana Kalai	127 Hazel St.	☐Add
		Clifton, NJ 07011	☒Remove
			☐Add
			☐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.

Chana Kalai
Signature of the authorized representative

Chana Kalai
Typed or printed name of signee

Filing Fee: $25.00