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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

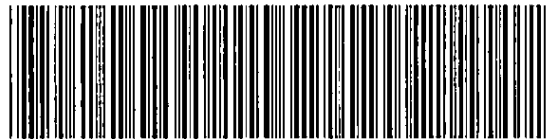
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/24--01023--005 ++30.00

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2024 FEB -5 PM 4:16

CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miami Research 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:

Milosz Smolarczyk

Name of Person

Firm/Company

8851 Colonnades Ct W #121

Address

Bonita Springs, FL 34135

City/State and Zip Code

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

For further information concerning this matter, please call:

Milosz Smolarczyk at (786) 589.9339
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 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**

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: Miami Research LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

429 Lenox Ave

Miami Beach, FL 33139

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

429 Lenox Ave

Miami Beach, FL 33139

2. The Florida document number of this limited liability company is: M23000000284

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/06/2023

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

5. New name of the limited liability company: MVP House FL 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 "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.

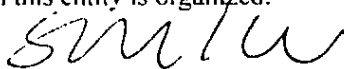
If Changing Registered Agent, Signature of New Registered Agent

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:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<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.



Signature of the authorized representative

Milosz M Smolarczyk

Typed or printed name of signee

Filing Fee: \$25.00

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of MVP House LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Delaware
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

MVP House FL LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability
Company, L.L.C., or LLC.)

Date: 1/26/24

Signature(s) of Manager(s) and/or Managing Member(s):

[Signature]

MILOSZ M. SMOULARCZYK

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:24 PM 01/12/2024
FILED 01:24 PM 01/12/2024
SR 20240110717 - File Number 7209011

STATE OF DELAWARE

CERTIFICATE OF AMENDMENT

OF

Miami Research LLC

FIRST: The name of the Limited Liability Company is: Miami Research LLC

SECOND: The Certificate of Formation of the Limited Liability Company is hereby amended as follows:

RESOLVED, that the Certificate of Formation of the Limited Liability Company be amended by changing the article thereof numbered "FIRST" so that, as amended said Article shall be and read as follows:

FIRST: The name of the Limited Liability Company is:

MVP House LLC

IN WITNESS WHEREOF, said Miami Research LLC has caused this certificate to be signed by its Authorized Person.

BY: 

Name: Milosz M Smolarczyk
Authorized Person

Date: 1/11/2024