

M73 000009599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐

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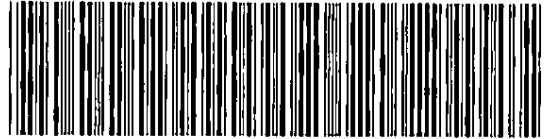
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Date: 12/20/2023

Name: Xavian Brown

Reference #: 2214367

Entity Name: 18TH ST, SARASOTA, OPCO LLC

Account#: I200000000088  
For any issues please contact  
Xavian Brown  
518-213-0739

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☒ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: XPM

**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: 18TH ST, SARASOTA, OPCO LLC

Enter new principal office address, if applicable: 31 Brookfall Rd.

(Principal office address  
MUST BE A STREET ADDRESS) Edison NJ, 08817

Enter new mailing address, if applicable: 31 Brookfall Rd.

(Mailing address  
MAY BE A POST OFFICE BOX) Edison NJ, 08817

2. The Florida document number of this limited liability company is: M23000009599

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 24, 2023

**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.*

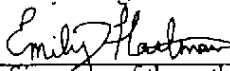
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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:  
In accordance with 605.0902 (1)(e), the amendment changes the person, title, or capacity from Joe Neuman, Authorized Person to Eliyahu Mirlis, Authorized Person.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Eliyahu Mirlis	31 Brookfall Rd.	<input checked="" type="checkbox"/> Add
		Edison NJ, 08817	<input type="checkbox"/> Remove
Authorized Person	Joe Neuman	144 Shady Lane Dr.	<input type="checkbox"/> Add
		Lakewood, NJ 08701	<input checked="" type="checkbox"/> Remove
			<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

Emily Hartman, Authorized Person

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

**Filing Fee: \$25.00**