# M23000011581

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
<u> </u>	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



900424988419

Y 2-5 AMIO: IL

CHAR-5 PH 3:00

E. HUNT C-3/05/24



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 03/05/24 Order #: 1440244-1

Re: 187 NW 28th Street, LLC Processing Method: Routine

#### TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

120000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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)

<ol> <li>Name of limited liability Company as it appears</li> </ol>	s on the records of the Florida Department of	
State:187 NW 28th Street, LLC		
Enter new principal office address, if applicable:		
( <u>Principal office address</u> MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		62 84 8
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. The Florida document number of this limited lial	bility company is: M23000011394	
3. Jurisdiction of its organization: Delaware		AN IO: I
4. Date authorized to do business in Florida: Sept	ember 1, 2023	m +
SECTION II (5-9 complete only the applicable c		
5. New name of the limited liability company: 18	37 NW 28th Street MM, LLC	
(must	contain "Limited Liability Company," "L.L.C	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	naging members adopting the alternate name. T	rida and attach a The alternate nan
6. If amending the registered agent and/or registere registered agent and/or the new registered office ad	ed officer address on our records, enter the named dress here:	ne of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida Street Addres.	S
	, Florida	Zip Code
Nam Basistanad Amerika Circus and Makes in B	•	zip code
New Registered Agent's Signature, if changing Reg	gistereu 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.

Fitle/ Capacity	<u>Name</u>	Address	Type of Action	
				□Add
	<u> </u>			
				□Remo
				□Add
				िञ्जेRemo
			SSEE. FL	⊕ Add
	·			□Add
				□Remo
				□Add
aforementioned ame	cate, if required: no more than 90 cendment(s), duly authenticated by the law of which this entity is organ	the official having custody of records	in the	□Remo

Filing Fee: \$25.00

## **Delaware**

Page 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT THE SAID "187 NW 28TH STREET,

LLC", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "187 NW

28TH STREET MM, LLC" ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D.

2024, AT 6 O'CLOCK P.M.

2028 HAR -5 ANIO: 14



Jeffrey W. Bullock, Secretary of State