

M23 0000 1/584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

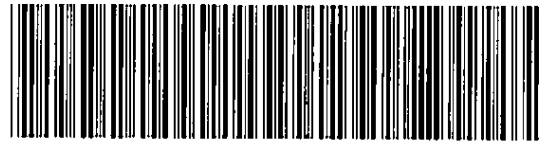
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900424988419

2024 MAR -5 AM 10:14
STATE
ISSUE, FL

ED

2024 MAR -5 PM 3:29

RECEIVED

R. HUNT

3/05/24



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext:

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

2024 MAR 05 AM 10:14
 DEPT OF STATE
 TALLAHASSEE, FL
 ED

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
 I20000000195
 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.

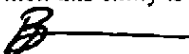
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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 checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

OFFICE OF STATE
 COMMISSIONER, F.I.
 AM 10:14
 30

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

Brian Aronson

 Typed or printed name of signee

Filing Fee: \$25.00

Delaware


The First State

Page 1

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.

2024 FEB -5 AM 10:14
SECRETARY OF STATE
DOVER, DELAWARE, FL
SD




Jeffrey W. Bullock, Secretary of State