

M23000012101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

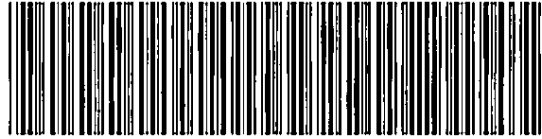
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400424987704

2024 MAR -7 AM 10:02  
DEPT OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAR -7 PM 3:09  
REGISTRARS OFFICE  
DEPARTMENT OF THE TREASURY  
TALLAHASSEE, FLORIDA

RECEIVED

R. HUNT

03/07/24

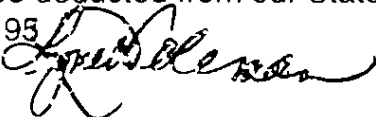


CSC - Tallahassee  
 1201 Hays Street  
 Tallahassee, FL 32301-2607  
 850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
 From: Amanda Miller  
 Ext:  
 Date: 03/07/24  
 Order #: 1444653-1  
 Re: 187 NW 28th Street Holding, LLC  
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
 I20000000195  
 AUTH 

Please take the following action:  
 File in your office on basis  
 Issue Proof of Filing

Special Instructions:

2024 MAR -7 AM 10:02  
 DIVISION OF STATE  
 TALLAHASSEE, FL  
 30

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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 187 NW 28th Street Holding, 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)** \_\_\_\_\_  
\_\_\_\_\_

2. The Florida document number of this limited liability company is: M23000012494

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: September 28, 2023

2023 SEP 28 7 AM 10:02  
 COUNTY OF STATE  
 TALLAHASSEE, FL

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

5. New name of the limited liability company: 187 NW 28th Street, 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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

DEPT. OF STATE  
 TALLAHASSEE, FL  
 07 AM 10 02

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.

*B*  
 Signature of the authorized representative

Brian Aronson

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

**Filing Fee: \$25.00**

# Delaware

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 HOLDING, LLC", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "187 NW 28TH STREET, LLC" ON THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2024, AT 3:29 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

2024 MAR -7 AM 10:02  
SECRETARY OF STATE  
DOVER, DELAWARE, FL  
JD



  
Jeffrey W. Bullock, Secretary of State

2406570 8320  
SR# 20240913272

Authentication: 202965316  
Date: 03-07-24