

M23000014890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

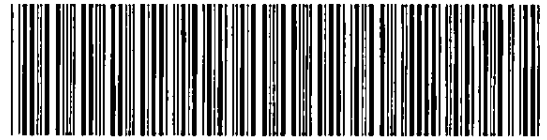
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600419166486

RECEIVED

2023 DEC 15 PM 1:12

SECRETARY OF STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

NOT RECORDED
FILED

2023 DEC 15 PM 1:30

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

We, the undersigned, do hereby certify that I am the Authorized Person

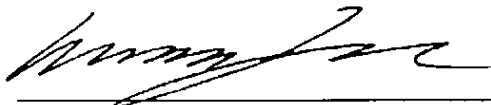
of LAKEWOOD 225, LLC
(Name of Limited Liability Company)

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. 605.0112, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

Lakewood 225 DFH, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability
Company, L.L.C., or LLC.)



Signature Authorized Person

12/14/23

Date