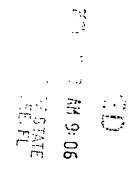
M23000015625

(F	Requestor's Name)	
	Address)	
·	,	
. ()	Address)	
	City/State/Zip/Phone #)	
·	•	
PICK-UP	MAIT	MAIL
	Business Entity Name)	
(-	Justice Charley Harriey	
1)	Document Number)	
Ceπified Copies	Certificates of	f Status
	0502.00 0.	
Special Instructions to F	iling Officer:	
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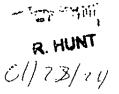
Office Use Only



900422275219







Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME 900	09 MLK Blvd, LLC		
DOCUMENT NUM	BER		
	PLEASE FIL	E THE ATTACHED AND RETURN	
	Plaix Copy		
xxxxxxxx	Certified Copy		* *
· · · · · · · · · · · · · · · · · · ·	Certificate of Stati	as	; ; ;
	Certified Copy of 1		AH 9:06 Reporte
	APOSTILLE	"/ NOTARIAL CERTIFICATION	
COUNTRY OF DEST.	TNATION		
	FICATES REQUESTED_		
TOTAL OWED \$ 55	5	ACCOUNT # 120140000108 // United Corporate Services, Inc. For any issues or concerns. Thank you s	ithflorand

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 9009 MLK Blvd, LLC	
Name of Foreign Limited L	iability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to t	the following:
Jeffrey Jacobson	
Name of Person	
9009 E MLK Blvd, LLC	• • • • • • • • • • • • • • • • • • • •
Firm/Company	— — — — — — — — — — — — — — — — — — —
c/o Reich Bros, 172 S Broadway	M 9: 06
Address	9: 08 FATE - FL
White Plains, NY 10605	1-1 01
City/State and Zip Code	
jjacobson@reichbrothers.com	
E-mail address: (to be used for future annual report notifi-	cation)
For Control of Comments and the state of the	
For further information concerning this matter, please call: Jeff Jacobson 914	, 614-1800
ut/ut/	ode & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	iling Fee & S60 Filing Fee. Fied Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (I-4 must be completed)

1. Name of limited liability Company as it appears on the reco	ords of the Florida Department o	of.		
State: 9009 MLK Blvd, 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)				<u>-</u>
2. The Florida document number of this limited liability compa	M23000015625			-
3. Jurisdiction of its organization: Delaware			c.,	
4. Date authorized to do business in Florida: December	13, 2023	S :	52	-
SECTION II (5-9 complete only the applicable changes) 5. New name of the limited liability company: 9009 E ML		HATE.	AH 9: 06	
(must contain "Li	mited Liability Company, ""L.I	L.C.," or	"LLC.	.")
(If name unavailable, enter alternate name adopted for the purp copy of the written consent of the managers or managing membranes contain "Limited Liability Company," "L.L.C." or "LLC."	pers adopting the alternate name	orida and The alte	d attach ernate n	- 1 a 1ame
6. If amending the registered agent and/or registered officer addregistered agent and/or the new registered office address here:	lress on our records, enter the na	ame <u>of</u> th	<u>ję new</u>	
Name of New Registered Agent:			_	-
New Registered Office Address:	Enter Florida Street Addr	-P56		-
	City Florida	Zip C	ode	-
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete and accept the obligations of my position as registered agent as document is being filed to merely reflect a change in the registe liability company has been notified in writing of this change.	to act in this capacity. I further e performance of my duties, and s provided for in Chapter 605, F	l I am fan F.S. Or, if	niliar w Ethis	eith

le/ Capacity	Name	Address	Type of Action
	-		Remo
			Remo
			ÉÉA □
			H 9: 0 Add
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			Add
	.		Remov
forementioned ame	eate, if required: no more than 90 days endment(s), duly authenticated by the ore law of which this entity is organized.	fficial having custody of recor	ds in the

Filing Fee: \$25.00

Delaware

The First State

Page 1

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

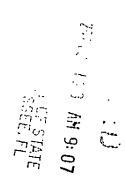
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "9009 MLK BLVD, LLC",

CHANGING ITS NAME FROM "9009 MLK BLVD, LLC" TO "9009 E MLK

BLVD, LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF

JANUARY, A.D. 2024, AT 12:27 O'CLOCK P.M.





Authentication: 202650786

Date: 01-23-24

2759699 8100 SR# 20240205238

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

The Certificate of the Certifica	of Formation of the limited	liability company is hereby
The name o	f the limited liability compa	any is 9009 E MLK Blvd, LLC
n witness w	VHEREOF, the undersign	ed have executed this Certific
1	VHEREOF, the undersigned day of Januar	
	day of Januar	, A.D. <u>20</u>
1	day of Januar	

