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To:

Division of Corporations

Fax Number : (850)617-6383

From:

92.5

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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CARDONE ADVERTISING, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

M. SOLOMON

JUN 1 Z 2024

Electronic Filing Menu Corporate Filing Menu

Help

## 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)

| t. Name of limited liability Company as it appear  | s on the records of the Florida Department of   |
|--|---|
| State: CARDONE ADVERTISING, LLC  |   |
| Enter new principal office address, if applicable:   | 18851 NE 29th Avenue, 8th Floor Aventura FL 33180   |
| ( <u>Principal office address</u><br><u>MUST BE A STREET ADDRESS</u> )   |   |
| Enter new mailing address, if applicable:  | 18851 NE 29th Avenue, 8th Floor Aventura FL 33180   |
| (Mailing address<br>MAY BE A POST OFFICE BOX)  | 24<br>  |
| 2. The Florida document number of this limited lia   | ability company is: M24000007086  |
| 3. Jurisdiction of its organization: DE  |   |
| 4. Date authorized to do business in Florida: 06/0   | 04/2024 ~~~   |
| SECTION II (5-9 complete only the applicable   | changes)  |
| 5. New name of the limited liability company: (must  | t contain "Limited Liability Company," "L.L.C" or "LLC.")   |
| (If name unavailable, enter alternate name adopted copy of the written consent of the managers or marmust contain "Limited Liability Company," "L.L.C. | for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name T." or "LLC.") |
| 6. If amending the registered agent and/or registere registered agent and/or the new registered office ac  | ed officer address on our records, enter the name of the new ddress 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 the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: |                                    |   |                |  |
|--|------------------------------------|---|----------------|--|
| e/ Capacity  | Name                               | Address   | Type of Action |  |
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| forementioned ame  | e law of which this entity is orga | y the official having custody of records in the | □Remov         |  |

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