

M2200000774

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000026477 3)))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : NRAI SERVICES, LLC  
Account Number : I20080000104  
Phone : (302)674-4089  
Fax Number : (302)674-5266

2022 JAN 20 PM 5:03  
FILED  
TALLAHASSEE FLORIDA

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

Email Address: dmv@potamkinfamily.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
1695 ALTON, LLC

2022 JAN 20 PM 2:42

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

**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: 1695 Alton, 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: M22000000774

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: January 14, 2022

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

5. New name of the limited liability company: \_\_\_\_\_  
(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

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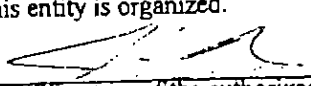
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: H22000026477 3

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  
SEE ATTACHMENT 1

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Member	SEE ATTACHMENT		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Member			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Member			<input checked="" type="checkbox"/> Add
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Member			<input checked="" type="checkbox"/> Add
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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  
 JOHN RHODES

\_\_\_\_\_  
 Typed or printed name of signee  
 H22000026477 3

Filing Fee: \$25.00

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

**ATTACHMENT I**

8. If the Amendment changes person, title or capacity in accordance with 605.0902(1)(e), indicate that change:

Title/Capacity	Name	Address	Type of Action
Other - CEO	Alan Potamkin	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Add
Member	Alan Potamkin	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Remove
Other - President	Robert Potamkin	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Add
Member	Robert Potamkin	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Remove
Other - Vice President/Assistant Secretary	John Rhodes	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Add
Member	John Rhodes	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Remove
Other - Treasurer/Secretary	David Yusko	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Add
Member	David Yusko	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Remove
Other - Assistant Secretary	Evelyn Munoz	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Add
Member	Evelyn Munoz	5800 N.W. 171 <sup>st</sup> Street, Miami, Florida 33015	■ Remove

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 CLERK OF DISTRICT COURT  
 TAMPA FLORIDA

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