

LI5000048070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

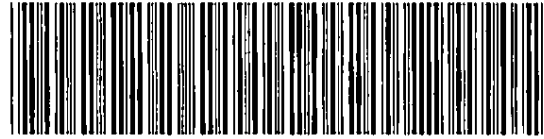
(Business Entity Name)

(Document Number)

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06/19/19--01004--006 \*\*175.00

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19 JUN 19 AM 11:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

T GLASS

JUN 20 2019

**SUNSHINE CORPORATE FILING OF FLORIDA INC.**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 6/8/2019

**\*\*WALK IN\*\***

ENTITY NAME 4TH AVE LAND HOLDINGS LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

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TALLAHASSEE, FLORIDA

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$55

CHECK # 6242

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

4TH AVE LAND HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/17/2015 and assigned Florida document number L15000048070.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

**B. If amending the registered agent and/or registered office 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

*ar*

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adam Bedzow	621 S. Federal HWY	<input type="checkbox"/> Add
		Suite #5	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Change
MGR	Jeremy Bedzow	621 S. Federal HWY	<input type="checkbox"/> Add
		Suite #5	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Change
P	Michael Bedzow	621 S. Federal HWY	<input checked="" type="checkbox"/> Add
		Suite #5	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Change
VPT	Adam Bedzow	621 S. Federal HWY	<input checked="" type="checkbox"/> Add
		Suite #5	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Change
VPS	Jeremy Bedzow	621 S. Federal HWY	<input checked="" type="checkbox"/> Add
		Suite #5	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Change
AMBR	Ultra Davie, LLC	621 S. Federal Highway	<input checked="" type="checkbox"/> Add
		Ste. 5	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This limited liability company shall be member managed.

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STATE OF ALABAMA  
DEPARTMENT OF REVENUE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605-0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 6-18 2019

 as Authorized Representative  
Signature of a member or authorized representative of a member

Adam Bedzow  
Typed or printed name of signee