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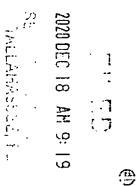
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COVER LETTER

Division of Corporations
SUBJECT: 4284 NF 7th Ave LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Pilato Name of Person
4284 NF 7th Ave LLC Firm/Company
7846 Arbor Crest Way
Palm Reach Gardens, FL 33417 City/State and Zip Code 1602 Village G gmail. Com E-mail address: (to be used for future annual report notification)
18008 1602 Village & gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Pilato at (561) 459 - 0743 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy tadditional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy tadditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Uncl Nr 7th 1 11/

(Name of the Limited Liability (A Florida I	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on $\frac{6/24/2020}{12020}$ and assigned Florida document number $\frac{L20000176567}{12020}$.			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:		
The new name must be distinguishable and contain the words "Limite	ted 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 ADDRE	ESS)		
	<u> </u>		
Enter new mailing address, if applicable:	DEC -		
Mailing address MAY BE A POST OFFICE BOX)	80 C1 C2 C2 C3 C3 C3 C3 C3 C3		
	<u> </u>		
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Cuy 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR_	Michael Pilato	7846 Arbor Crest Way	_ □Add
		West Palm Beach, FC 334/2	_ ÈXRemove
			_ □Change
AMBR	MP Worldwide Holdings (IC	2300 W Sahara Ave, Scite 800	_ ≱l∧dd
		Los Vegos, M 89102	_ □Remove
			_ □Change
AMBR E	Fortard Motion Holdings 1-CC	2300 W Sahara Ave, Suite 80	o MAdd
		Las Vegas, NV 89102	_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ □Change
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an eff ote:	ve date, if other than the date of filing:
recore Lis fil	d 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 ed.
ated	1000 December 14. 2020.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee