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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

	TH AVE LLC		
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Pilato		
		Name of Person	
		Firm/Company	_
	7846 Arbor Crest Way		
		Address	
	Palm Beach Gardens, FL 3	3412	
	1 03400 3	City/State and Zip Code	
	kane0249@gmail.com	to be used for future annual report notification)	
For further information c	concerning this matter, please e	·	2021 AUG -3 SCUPCIANA TALLANA
Michael Pilato		561 459-0743 at ()	6-3
Name o	f Person	at () Area Code — Daytime Telephone Num	her Charles
Enclosed is a check for the	he following amount:		52
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & ed Copy nal copy is enclosed)
Mailing Address Registration S	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4284 NE 7TH AVE LLC						
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)					
ne Articles of Organization for this Limited Liability Comp	pany were filed on 06/24/2020 and assigned					
orida document number <u>1.20000176567</u> .						
is amendment is submitted to amend the following:						
If amending name, enter the new name of the limited	liability company here:					
e new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
nter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRES:	<u></u>					
nter new mailing address, if applicable:	7846 ARBOR CREST WAY					
failing address MAY BE A POST OFFICE BOX)	PALM BEACH GARDENS, FL 33412					
. If amending the registered agent and/or registered offent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, enter the name of the new regis					
	(7)					
New Registered Office Address:	Enter Florida street address C T					
	Florida					
	City Zip Lade					

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 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>	Address	Type of Action
			_ □Add
			_ □Remove
			□Change
			_ □Add
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ective date, if other than the reffective date is listed, the date mute: If the date inserted in this brument's effective date on the E	st be specific ar lock does not	id cannot be p meet the app	olicable stat	filing or more utory filing 1	than 90 days	optional) after filing.) , this date v	Pursuam vill not	to 605. be liste	020' ed as
cord specifies a delayed effectives filed.	re date, but no	ot an effectiv	e time, at 1	2:01 a.m. on	the earlier o	f: (b) The	90th da	ıy after	the
ed		2021	·						
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