# 121000486478

(	Requestor's Name)
	(Address)
(	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	Office Use Only



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ALLAHASSEE

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# **CORPORATE** ACCESS, \_\_\_

When you need ACCESS to the world

INC.

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

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	PICK	K UP:	12/28 DANNY		
	CERTIFIED COPY				
XX	РНОТОСОРУ	<del></del>			
	CUS			<u> </u>	
XX	FILING	LLC	AMEND		
	4069 SP LLC (CORPORATE NAME AND DOCUM	MENT#)			
2.					
<b>3.</b>	(CORPORATE NAME AND DOCUM	ΔENT#)			
<b>.</b>	(CORPORATE NAME AND DOCUM	MENT #)			
-	(CORPORATE NAME AND DOCUM	MENT #)			
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SPECIAI NSTRU	L CTIONS:				
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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4069 SP LLC			
(Name of the Lim	(A Florida Limited	ony as it now appears on our records Liability Company)	
he Articles of Organization for this Limited I	Liability Company	were filed on 11/10/2021	and assigned
orida document number L21000486478			
his amendment is submitted to amend the fol	llowing:		
. If amending name, enter the new name	of the limited liab	oility company here:	
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)	16711 Collins Avenue, Suite 17	′01 
		Sunny Isles, Florida 33160	
nter new mailing address, if applicable:	- nove	16711 Collins Avenue, Suite 17	
Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	Sunny Isles, Florida 33160	. 12
. If amending the registered agent and egistered agent and/or the new registered of		ffice address on our records,	
Name of New Registered Agent:	YURI LIBSON		
New Registered Office Address:	16711 Collins	Avenue, Suite 1701	77 5
		Enter Florida street address	
	Sunny Isles	, Flo	rida <u>33160</u>
		City	Zip Coxle

#### 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, 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
AMBR	YURI LIBSON	16711 COLLINS AVE STE 1701	
		SUNNY ISLES BEACH, FL 33160	□ Remove
			E Change
<del></del>			O Add
			Remove
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ective date, if other than the	date of filing:	(ontional)	
effective date is listed, the date must	be specific and cannot be prior to dat eck does not meet the applicable s	(optional) e of filing or more than 90 days after filing.) Pursuant to statutory filing requirements, this date will not be	605.02 listed
record specifies a delayed he 90th day after the reco	effective date, but not an ord is filed.	effective time, at 12:01 a.m. on the ea	rlier
December 27	2021		
	11 /		

Typed or printed name of signee