L1500006592

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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15 AUG 25 AN II: 40
SECRETARY OF STATE

; COVER LETTER

Div	ision of Corp			
SUBJECT:		4 VENTURE, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Marie J. Jerome		
			Name of Person	
		21-25 NW 44 VENTURE,	LLC	
			Firm/Company	
		1720 NW 179 Terrace		
			Address	
		Miami, Fl 33056		
			City/State and Zip Code	
		schilljerome@yahoo.com		
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Schiller Jero	ome		305 801-8994	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 AUG 25 AM II: 20
SECRETART OF STATE
TALLAHASSEE, FLORIDA

August 11, 2015

MARIE J JEROME 1720 NW 179 TERRACE MIAMI, FL 33056

SUBJECT: 21-25 NW 44 VENTURE, LLC

Ref. Number: L15000066592

We have received your document for 21-25 NW 44 VENTURE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 715A00016837

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our recordenited Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Com Florida document number L1500066592	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l 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:	1720 NW 179 Terrace	1720 NW 179 Terrace		
(Principal office address MUST BE A STREET ADDRES	Miami, FL 33056	SECRE AU		
Enter new mailing address, if applicable:	1720NW 179 Terrace	NA CANA		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33056			
		TATE OR OD		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		s, enter the name of the new		
Name of New Registered Agent: Marie J.	erome			
New Registered Office Address: 1720 NW	179 Terrace Enter Florida street addres:			

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.

City

Miami

Maye Joseph Jeruma
If Changing Registered Agent, Signature of New Registered Agent

Florida 33056

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 = Månager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Clifford Diorot	17800 NW 20 Avenue	☐ Add
		Miami, FL 33056	■ Remove
			□ Change
AMBR	Manoucheka Thermitus	24 NE 47 Street	■ Add
		Miami, FL 33137	□ Remove
			☐ Change
AMBR	Schiller Jerome	24 NE 47 Street	Add
		Miami, FL 33137	□ Remove
			☐ Change
		_	□ Add
			□ Remove
		<u> </u>	☐ Change
		_	Add
			Remove TALLO Change TALLO Change
			SEC Change TALL AHAS OF Remove ORIDE Change

	ship interest in th	he LLC.	·	
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a do	ta if other the	an the date of fi	ling: August 3, a olf	(optional)
		oo opee	and cannot be prior to date of filing or more that meet the applicable statutory filing requ	an 90 days after filing.) Pursuant to 605.0207
			of State's records.	memons, and date will not be instea as
4		ند مسا		
		elayed effectiv ne record is file	e date, but not an effective time, ed.	at 12:01 a.m. on the earlier of
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^	ty just	ک	, <u>2015</u> .	
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^				日本 は 日本
^		Signature of	f a member or authorized representative of a n	nember LCR BG

Filing Fee: \$25.00