LOZ 000031755

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration So Division of Co			
Shucom Fl	PC, LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Stephen Brickman		
	<u> </u>	Name of Person	
	e/o MNA Jax4 LLC		
		Firm/Company	
	270 Madison Avenue, 15th	h Floor	
		Address	
	New York, NY 10016		
		City/State and Zip Code	
	stephen@mnaresidential.co		
.		to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Stephen Brickman		917 656-8605 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
€ \$25.00 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 radditional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration S	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Li	mited Liability Compa (A Florida Limited	ny as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on 11/26/2002	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain th	e words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation L.L.C."
Enter new principal offices address, if app		270 Madison Avenue)20 ⊀
Principal office address MUST BE A STREET ADDRESS)		15th Floor	,
		New York, NY 10016	: = (
			: 3 0
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		270 Madison Avenue	
		15th Floor	8
		New York, NY 10016	
If amending the registered agent and/or gent and/or the new registered office additional part of New Registered Agent:			nter the name of the new regis
New Registered Office Address:	5011 South Stat	te Road 7, Suite 106	
		Enter Florida street a	uddress
	Davie		, Florida 33314
		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

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	Jax4 IG LLC	270 Madison Avenue	
		15th Floor	□Remove
		New York, NY 10016	□Change
Ambr	MNA Jax4 LLC	270 Madison Avenue	
		15th Floor	Remove
		New Yopk, NY 10016	2020 Hange
P	David Shuman	2547 Bishop Estate Road	EAdd
		Jacksonville, FL 32259	PR = Remove
			~> &> □Change
			□Add
		-	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change

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Filing Fee: \$25.00