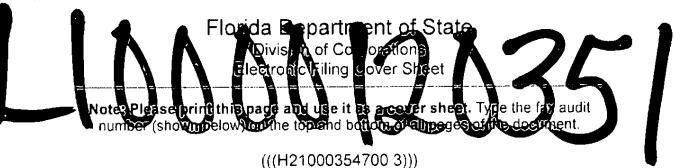
9/22/21, 8:45 AM

Division of Corporations





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To:

Page 2 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP

Account Number : I20060000021 Phone : (561)833-9800 : (561)655-5551 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

aida.mclaughlin@saul.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AVENUE 4 EQUITY PARTNERS, LLC

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M. SOLOMON

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Page: 3 of 5

From: Shallay Dunkelberger

(((H21000354700 3)))

## ARTICLES OF AMENDMENT TO, ARTICLES OF ORGANIZATION OF

AVENUE 4 EQUITY PARTNER	S. LLC			
Name of the Lin	ited Liability Company as it now (A Florida Limited Liability Con-	appears on our records.) ipany)		
The Articles of Organization for this Limited Florida document number $\frac{1.10000120351}{1.10000120351}$	Liability Company were filed on 11/18/2010		and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability comp	any here:		
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if appli	icable:		2021	
(Principal office address MUST BE A STRE	ET ADDRESS)		· <u>×</u>	
			1	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE	OST OFFICE BOX)			
			- · · · · · ·	
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:		of the new registered	
Name of New Registered Agent:	Hilda Piloto c/o Saul Ewin	g Arnstein & Lenr		
New Registered Office Address:	701 Brickell Avenue, 17th	Floor ner Florida street address		
	rai Miami		.1	
	Miami Cire	, Florida <sup>3313</sup>	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

Page: 4 of 5 2021-09-22 08.49:39 EDT 13058088630 From: Shelley Dunkelberger Ta: +18506176383

(((1121000354700 3)))
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

Title	Name	Address	Type of Action
AMBR	MIA INVESTMENT ENTERPRIS	21050 NE 38th AVENUE	□ Add
		Suite 1402	<b>≡</b> Rепюче
		Aventura, Florida 33180	□Change
MGR/AMBR	Manuel A Tinjaca-Garcia	21050 NE 38 Avenue	🖾 Add
		Suite 1402	□Remove
		Aventura, Florida 33180	□Change
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			Remove 20
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