L1400000 2226

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | stration Session of Cor | | • | | | |
|---------------------|-------------------------|--|---|--|--------|---------|
| SUBJECT: | NEW PENT | ΓHOUSE 4, LLC | | | | |
| SOBJECT. | | Name of Lim | ited Liability Company | | | |
| | | Amendment and fee(s) are sub | _ | | | |
| Please return | all correspo | ndence concerning this matter | to the following: | | | |
| | | Ross P. Beckerman | | | | |
| | | | Name of Person | | | |
| | | Tim A. Shane, PA | | | | |
| | | | Firm/Company | | | |
| | | 5301 N. Federal Highway, Suite 130 | | | | |
| | | | Address | | 5 | FAC |
| | | Boca Raton, FL 33487 | | | | |
| | | <u></u> | City/State and Zip Code | · | ង | 1858 |
| | | ross@timashane.com | | | PH | |
| For further in | formation co | oncerning this matter, please ca | to be used for future annual report notificall: | cation) | 2: 58 | TO MAIN |
| Ross P. Beck | erman | | 561 886-5580 at () | | | |
| | Name of | f Person | | Telephone Number | | |
| Enclosed is a | check for th | e following amount: | | | | |
| ■ \$25.00 Fi | ling Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is a | atus & | |
| | 64477 | INC ADDRESS. | STREET/COURTE | D ADDDESS. | | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NEW PENTHOUSE 4, LLC | | |
|--|--|----------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14000002226</u> | were filed on January 6, 2014 | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | ility company here: | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the | 77-60 |
| Enter new principal offices address, if applicable: | | 16 |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | ज अवस |
| | | 2 3 |
| Enter new mailing address, if applicable: | | <u>ः ५इ</u> |
| Mailing address MAY BE A POST OFFICE BOX) | | 00 Ju |
| | | |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here | | r the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida _ | 7. 6. 1 |
| | 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|-----------------------------|----------------|
| MGR | Zoran Zelenikovski | 1000 S. Ocean Blvd., PH-704 | Add |
| | | Boca Raton, FL 33432 | Remove |
| | | | □ Change |
| MGR | Natalya Zelenikovski | 1000 S. Ocean Blvd. PH-704 | |
| | | Boca Raton, FL 33432 | ■ Remove |
| | | | ☐ Change |
| MGR | Oleksander Moroz | 800 S. Ocean Blvd., PH-4 | S CONTRACTOR |
| | | Boca Raton, FL 33487 | No. |
| | | | □ Change |
| | | | Add |
| | | | □ Remove |
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| | | | |
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| ective date, if other that a effective date is listed, the d | n the date of filing | g: | to data of filing | or more than 00 day | (optional) | ont to 60 5 02 |
| te: If the date inserted in | this block does not n | neet the applica | ible statutory f | filing requirement | s, this date will no | ot be listed |
| cument's effective date on | the Department of S | state's records. | | | | |
| record specifies a de | laved effective o | date, but no | t an effectiv | ve time, at 12: | 01 a.m. on th | e earlier |
| he 90th day after th | | | | | | |
| April 29 | | 2016 | | | | |
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Page 3 of 3

Filing Fee: \$25.00