## 2/4000/63473

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





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## , COVER LETTER

то:	Registration Sec Division of Corp				
erin re		IN WEST, LLC			
SUBJECT:Name of Limited Liability Company					
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please i	return all correspon	ndence concerning this matter	to the following:		
		KAREN REITER			
			Name of Person		
		4201 DESIGN WEST, LLC	<i>:</i>		
			Firm/Company		
		1720 NE 198TH TERRAC	Е		
			Address		
		MIAMI, FL 33180			
			City/State and Zip Code		
		E-mail address: (t	to be used for future annual report notif	ication)	
For fur	her information ed	oncerning this matter, please ca	all:		
KARE	N REITER		305 527-2234		
	Name of	Person	at ()	Telephone Number	
Enclose	ed is a check for th	e following amount:			
<b>■</b> \$25	5.00 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 (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4201 DESIGN WEST, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/20/2014}{}$ \_\_\_\_\_ and assigned Florida document number 1.14000163473 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	<u>Address</u>	Type of Action
MGR	ADAM FREEMAN	1682 JEFFERSON AVE MIAMI BEACH, FL 33139	Add
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to: If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 605.0
ment's effective date on the Department of State's records.	s water of the second state and the second state and the second s
ecord specifies a delayed effective date, but not a e 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
DECEMBER 4 2018	
1/5/7	♥
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

KAREN REITER, P.A.

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Date 12-4.18

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CITIBANK, N.A.

Memo 4201 Derryn West

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