1500046176

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DIVISION OF COSTOTIATION

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COVER LETTER

	Jistration Sec Ision of Corp			
,		TH ST PARTNERS, LLC		•
SUBJECT:		Name of Limi	ted Liability Company	
The analoged	A Articles of 3	Amendment and fee(s) are sub-	nitted for filing	
		ndence concerning this matter		
		DAN AREV		
			Name of Person	
		151 NW 24TH ST PARTN	PERS, LLC	
			Firm/Company	<u> </u>
		1397 2ND AVE. #226		
			Address	
		NEW YORK, NY 10021		
		<u> </u>	City/State and Zip Code	
		•	DM/DAN@LINKRENYC.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
DAN AREV	V		201 390-9086	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 E	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**



151 NW 24TH ST PARTNERS, LLC		
(<u>Name of the Limited Liability Compa</u> (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>L15000046176</u>	were filed on 03/13/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	1397 2ND AVE. #226	
(Mailing address MAY BE A POST OFFICE BOX)	NEW YORK, NY 10021	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City	Zip Code

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
MGR	DAN AREV	9595 COLLINS AVE. #705 SURF:	
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			Change
			DIVISION OF COR
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			Add 0
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			Change
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an effective	ate, if other than the date is listed, the date must date inserted in this bl	st be specific a	nd cannot be prio	r to date of filing	or more than 90 da	ys after filing.) Pu	rsuant to 605.0
ocument's	effective date on the D	epartment of	State's records	i.	iting requiremen	ns, this date wi	not be note.
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ated	<u>Jan 24</u>		. 2018	<u>. </u>			
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Page 3 of 3

Filing Fee: \$25.00