Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000107914 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.

Account Number : I20000000210 : (561)746-1002 Phone Fax Number : (561)775-0270

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

Email Address: bkelel@jhrjpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIG FOURPLEX WELLINGTON LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

MARURAL 2022 T. LEMIEUX

DocuSign Envelope ID: 1A08F453-D2D0-4A8B-9066-924D4806DBFC ARTICLES OF AMENDMENT TO

H22000107914 3

ARTICLES OF ORGANIZATION OF

Fourplex Wellington LLC (Name of the Limited Li	iability Company as it now appears on our records.)
(XFI	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili	fity Company were filed on and assigne
Plorida document number L15000110303	·
This amendment is submitted to amend the followin	uß:
A. If amending name, enter the new name of the	c limited liability company here:
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BON	Y)
pluning undress material at 1 031 VII 1 102 DOL	<u> </u>
3. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new re
agent and/or the new registered office address he	2022 HAR
Name of New Registered Agent:	
New Registered Office Address:	Sin Day
	Emer Florida street address
_	
	City Simp Code
Sew Registered Agent's Signature, if changing Regi-	istered 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

From: Bailey Kelel

Fax: (850) 617-6383

Page: 4 of 5

03/23/2022 3:27 PM

From: Bailey Kelel Fax: 15617132084 To: Fax: (850) 617-6383 Page: 4 of 5 03/23/2022 3:27 PM

DocuSign Envelope ID: 1A06F453-D2D0-4A8B-9066-924D4806DBFC
H amending Authorized rerson(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 H22000107914 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Theodore Konstantino	8905 MARLAMOOR LANE	\ \ \
		WEST PALM BEACH, FL 33412	■ Remove
			Change
AMBR Jean Konstantino	Jean Konstantino	8905 MARLAMOOR LANE	□ Add
		WEST PALM BEACH, FL 33412	■Remove
		☐ Change	
Authorized Representative Paul T Konstantino	Paul T Konstantino		
			⊠ Remove
		Change	
MGR Paul T Konstantino	Paul T Konstantino	8905 Marlamoor Lane	X I Add
	West Palm Beach, FL 33412		
			□Change
		DAdd	
			□Remove
			☐Change
			□Add
			□ Remove
			☐ Change

H22000107914 3

•	
Effec	tive date, if other than the date of filing: (optional)
(If an ca	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docur	ment's effective date on the Department of State's records.
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ora is i	neu.
Dutas	March 14 , 2022
Date	DocuSigned by:
	B201E3A8B01C492 Signature of a member or authorized representative of a member
	Paul T. Konstantino, Member
	Typed or printed name of signee

H22000107914 3

Filing Fee: \$25.00