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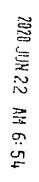
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AUG 0 7 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section

Division of Corpo	rations		
SUBJECT: 50 SF	4TH AVENUE LL	C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	STEUEN	CaHEN Name of Person	
		Name of Person	
	SO SE YTH MUER		
		Firm/Company	
	11 South Swint	ON AVENUE SUITES	
		Address	
	OFLARY BEACH	FLCR:0A 33444	
		FLCR: 0.9 33444 City/State and Zip Code	
	SCOHEN @ MAN	IMACLANA. COM to be used for future annual report noti	fication)
Eur further information con	cerning this matter, please ca	·	neation)
STEUEN COH	EN	at ( <u>754</u> ) <u>646.0</u> Area Code Daytim	135
Name of P	erson	Area Code Daytim	e Telephone Number
Enclosed is a check for the	-		
\$25.00 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:		Street Address:	
Registration Se		Registration Se	
Division of Cor P.O. Box 6327	porations	Division of Cor The Centre of T	•
Tallahassee, FL	. 32314		e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

63

50 SE 4th Avenue LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	JIN 22	
The Articles of Organization for this Limited Liability Comp Florida document number L16000083469	pany were filed on April 28, 2016	and assigned	
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:	<del></del>		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		
Enter new mailing address, if applicable:	11 South Swinton Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Suite C		
	Delray Beach, Florida 33444	····	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registered	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	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 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
			□Add
			Remove
			□Change
			□Add
		<del></del>	□Remove
			☐ Change
			□ Add
		·	□Remove
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			□Remove
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