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	of Corporations	
	4 West Avenue LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	David Frank	
	Name of Person	
	Whitelock & Associates, P.A.	
	300 SE 13th Street	
	Address	
	City/State and Zip Code	
	DavidFrank@whitelocklegal.com E-mail address: (to be used for future annual report notification)	
For further infor	nation concerning this matter, please call:	
David Frank	954 463-2001 at ()	10 6
	Name of Person Area Code Daytime Telephone Number	\$2021 DEC -6 \$ECK_ANA
Enclosed is a che	ck for the following amount:	7 0
■ \$25.00 Filin	Certificate of Status Certified Copy Certificate is (additional copy is enclosed) Certified Co	of Status 🎉 💢

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

company has been notified in writing of this change.

`DocuSign Envelope ID: 779A1CA2-B489-4F01-97E6-7B44BF013533 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

1414 West Avenue LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited L	ny as it now appears on our record lability Company)	<u>S.</u>)	
The Articles of Organization for this Limited I Florida document number $\frac{116000218550}{1}$	Liability Company	were filed on 12/02/2016	;	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC	or the abbrevia	ation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		. <u> </u>	
Enter new mailing address, if applicable:		17320 Loch Lomond Way, Bo	ea Raton, Flori	da 33496
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address	•	ddress on our records, <u>enter</u>	the name of	the new registe
Name of New Registered Agent:			, :	202 e.g.
	17320 Loch Lo	mond Way		日 : オ
New Registered Office Address:	<u></u>	Enter Florida street addres	31.5	6
	Boca Raton		orida <u>33496.</u>	77 Ety
New Registered Agent's Signature, if changing	Registered Agent:	City	215) 215)	g J
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete distered agent as p	performance of my duties, ar provided for in Chapter 605,	nd I am famil F.S. Or, if th	liar with and is document is

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That 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Axel Knauf	37 Rue Des Muguets	
		Belgium Beaufays 4052	□Remove
MGR	Bernard Petit	40 Rue Du Homvent 40	= Add
		Belgium Liege 4020	□Remove
			□Change
			□ Add
			□ Remove 7.6 7.6 7.6
			Change Change
			Demove J
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			□Remove
			□Change

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f an effec <u>Note:</u> H	re date, if other that tive date is listed, the date if the date inserted in the date on	nte must be specific : this block does no	and cannot be prior of meet the applic	to date of filing or n able statutory filin	(optionore than 90 days after g requirements, this	filing.) Pursuant to 60	(5.0207) (ted as)
a succ-d	specifies a delayed et d.	ffective date, but r	not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day aft	er the
rd is filed	OocuSigned by	23	<u>. 2021</u>	<u> </u>			
e record is filed		-		orized representative	of a member		

Filing Fee: \$25.00