03/1/2017 2/28/2017



Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Shect

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From:

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Account Number : I20160000061

: (561)544-8900

Fax Number

: (561)544-8999

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

Email Address: Cho pbl-law. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 7TH AVENUE MODERN, LLC

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COVER LETTER

TO: Registratio Division of	n Section Corporations			
	enue Modern, LLC			
Name of Limited Liability Company				
The enclosed Article	s of Amendment and fee(s) are submitted for filing.			
Please return all corr	espondence concerning this matter to the following:			
	Cristofer A. Bennardo			
	Name of Person			
	Padula Bennardo Levine, LLP			
	Firm/Company			
	101 Plaza Real South, Suite 207			
	Address			
	Boca Raton, FL 33432			
	City/State and Zip Code			
	cb@pbl-law.com			
	E-mail address: (to be used for future annual report notification)			
For further informati	on concerning this matter, please call:			
Cristofer A. Bennard	561 544-8900 at ()			
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Enclosed is a check	for the following amount:			
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P.	O. Box 6327 Clifton Building Illahassee, FL 32314 2661 Executive Center Circle			

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Page: 3

(((H17000056735 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

/THAVENOE MODERN, LLC		
(Name of the Limited Liable (A Floric	lity Company as it now appears on c da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability	Company were filed on 02/21/20	and assigned
Florida document number L17000040950	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
,		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
,		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	,	
B. If amending the registered agent and/or regi	istered office address on our	records, enter the name of the new
registered agent and/or the new registered office ad	dress here:	
·		
Name of New Registered Agent:	 	
New Registered Office Address:		•
New Registered Office Rodress.	Enter Florida st	reet addrcss
		TO
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Register	red Agent	
		n rear and a state
I hereby accept the appointment as registered agen	t and agree to act in this capa	city. I further agree to comply with the
provisions of all statutes relative to the proper and accept the obligations of my position as registered	complete performance of my c	tar 605 F.S. Or if this document is
being filed to merely reflect a change in the register		
company has been notified in writing of this change		and the second
	·	32
	If Changing Registered Agent.	Signature of New Registered Agent
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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

Title	<u>Name</u>		Address	Type of Action
AMBR	Scott Porten		138 N. Swinton Avenue	Add
			Delray Beach, FL 33444	■ Remove
				☐ Change
AMBR	Porten Contracting Corp	_	138 N. Swinton Avenue	Add
			Delray Beach, FL 33444	☐ Remove
				☐ Change
		-		Add
				□ Remove
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D. If a	mending any other inf	(((H170000567 formation, enter change(s) he	735 3))) ere: (Attach additional sheets, i	f necessary.)
			-	
	 			
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If the ro	ecord specifies a de le 90th day after th	layed effective date, but ne record is filed.	not an effective time, at 12	01 a.m. on the earlier of
	February 28	2017		
Date	d		· ·	
		-	thorized representative of a member	TARRY OF S
	Alejandro Gomez	, Authorized Member Typed or pri	nted name of signee	THE D

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Page 3 of 3
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