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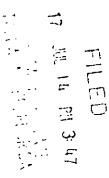
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COVER LETTER

TO:

4 MGMT LLC Name of Lim	ited Liability Company		
Name of Lim	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
ndence concerning this matter	to the following:		
Milton Fuentes, Esq.			
	Name of Person		
M. Fuentes & Co.			
	Firm/Company		
PO Box 431725			
	Address		
Miami, Florida 33243			
	City/State and Zip Code	 	
•	to be used for future annual report notifica	tion)	
	•	,	
	305 447-1960		
f Person	Area Code Daytime Te	elephone Number	
ne following amount:		: 4	
☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy is enclosed)	
ation Section n of Corporations ox 6327	Registration Section Division of Corporation Clifton Building	ADDRESS:	
	Milton Fuentes, Esq. M. Fuentes & Co. PO Box 431725 Miami, Florida 33243 mf@mfuenteslaw.com E-mail address: (oncerning this matter, please concerning this matter) The Person the following amount: \$\Pi\$\$ \$30.00 Filing Fee &	Name of Person M. Fuentes & Co. Firm/Company PO Box 431725 Address Miami, Florida 33243 City/State and Zip Code mf@mfuenteslaw.com E-mail address: (to be used for future annual report notification concerning this matter, please call: at (Milton Fuentes. Esq. Name of Person M. Fuentes & Co. Firm/Company PO Box 431725 Address Miami, Florida 33243 City/State and Zip Code mf@mfuenteslaw.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: 1 305

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION
OF

JANUARY 4 MGMT LLC

(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on o da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L17000077795	Company were filed on $\frac{04/06/20}{}$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADE	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent:		records, enter the name of the ne
New Registered Office Address:		
	Enter Florida sti	그 그 그
	City	Florida
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my d agent as provided for in Chapt red office address, I hereby cor	uties, and I am familiar with and er 605, F.S. Or, if this document is

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	ALFRED D. DOWSON	6815 Biscayne Blvd, #375	■ Add
		Miami, Florida 33138	□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Add
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ctive date, if other than the date of filing: (optional)	EIN Number: 82-2101049						
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the second is filed. d July 10 2017	•						
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