## 117000/36230

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Certified Copies	Certificates o	f Status
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## **COVER LETTER**

TO:

TO: Registration Division of C			
140 W J. SUBJECT:	4 ST LLC		
	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
	pondence concerning this matter		
	ARIEL YISRAELIAN		
		Name of Person	
	<del> </del>	Firm/Company	
	4901 DIXIE HWY		
		Address	
	BOCA RATON, FLORID	A 33431	
	ARIELY2000@GMAIL.CO		
or further information	E-mail address: ( concerning this matter, please ea	to be used for future annual report notificall;	ration)
ARIEL YISRAELIAN	<u> </u>	561 962-1033	
Name	of Person	at () Area Code Daytime	Celephone Number
Enclosed is a check for	the following amount:		
3 \$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)
4			
Regis Divis	LING ADDRESS: tration Section ion of Corporations Box 6327	STREET/COURIE Registration Section Division of Corporat Clitton Building	

Tallahassee, F1, 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

140 W 14 ST LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 22, 2017 and assigned Florida document number L17000136230 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 "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Elorida street address

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.

Car

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida

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
MGR	SCHLESINGER, LIDOR	490) N DIXIE HWY	□ Add
		BOCA RATON, FL 33431	■ Remove
			Change
			Add
			Remove
			Change
			Add Vision Reference
		Add 7 JEP 17 PR 4: 29  JIVISION OF CENTRON JANUARS	
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E. Effective date, if other (If an effective date is listed, the Notes, 15 the data inserts of	than the dat	te of filing	g: termon by e	7. 2017	r'illing		optional)	. 1)	. 6305
Note: If the date inserted document's effective date	in this block	does not n	neet the ap	plicable stat	utory filing	requirement	s after filing. s. this date	will not be list	5.0207 (3)( led as the
			, , , , , , , , , , , , , , , , , , ,	143.					
If the record specifies a (b) The 90th day after	delayed ef the record	fective c is filed.	date, but	not an ef	fective ti	me, at 12:	01 a.m.	on the earli	er of:
Dated		1	2017						
		$\mathcal{N}^{-1}$							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00