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	legistration Se Division of Cor			
SUBJEC		Avenue, LLC		•
SOBILC	··	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ırn all correspo	ndence concerning this matter	to the following:	1
		, Thomas F Carney Jr., Esq.	·	
			Name of Person	
		Carney Stanton P.L.		
	•		Firm/Company	
		135 S.E. 5th Avenue, Suite	e 202	
			Address	
		Delray Beach, FL 33483		
•			City/State and Zip Code	
		tfc@carneystanton.com		
			to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please ca	all:	
Thomas F	Carney Jr		561 330-8140 at ()	ţ
	Name o	f Person		e Telephone Number
Enclosed i	s a check for th	ne following amount:		
□ \$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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

713.1.1 mls. Assume 1.1.C		2 5 F			
7134 Lake Avenue, LLC	· · · · · · · · · · · · · · · · · · ·				
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on September 1, 2017	and assigned			
Florida document number L17000187654		ů.			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
713 Lake Avenue, LLC					
The new name must be distinguishable and contain the words "Limited Liabi	tity Company," the designation "LLC" or the	he abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	900 East Atlantic Avenue				
(Principal office address MUST BE A STREET ADDRESS)	Suite # 5				
(no change)	Delray Beach, FL 33483				
Enter new mailing address, if applicable:					
•	-				
(Mailing address MAY BE A POST OFFICE BOX)					
					
B. If amending the registered agent and/or registered of		ter the name of the new			
registered agent and/or the new registered office address her	<u>e</u> :				
Name of New Registered Agent:					
New Registered Office Address:	1				
Test megistered office (taures).	Enter Florida street address				
•	. Florida				
	City , Florida	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 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>	<u>Address</u>	Type of Action
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		Septer	nber 1, 2017			
Effective date, if oth fan effective date is liste	a. the date mast be spee	time and camer or	prior to date of it	ling or more than 9	(optional) 0 days after filing	(.) Pursuant to 605.0207
Note: If the date inser document's effective of	ted in this block doe late on the Departme	s not meet the a ent of State's rec	pplicable statute cords.	ory filing require	ments, this date	will not be listed as
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ne record.specifies	; a delayed effec	tive date, bu	it not an effe	ctive time, at	12:01 a.m.	on the earlier of
The 90th day aft	er the record is	filed.				
October 5	•	2017				
Dated		} · 	} ·			
	$\alpha 10$	9	//			
\mathcal{A}	LATINIA IN LO		1/ 1			
M	Signatu	re of a member or	authorized repres	sentative of a mem	ber	

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Filing Fee: \$25.00