

W18000116935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

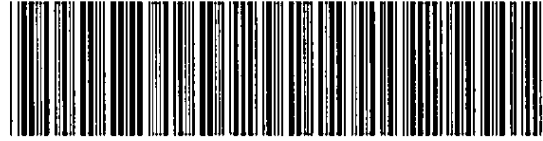
(Business Entity Name)

(Document Number)

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FILED
2022 JUL 18 AM 3:00
TALLAHASSEE, FLORIDA

OCT 19 2022
S. PRATHEP

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: NORTHEAST 4TH STREET, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

T.N. MURPHY, JR., ESQ.
Name of Person
DICKENSON, MURPHY, REX & SLOAN
Firm/Company
4800 N. FEDERAL HIGHWAY, SUITE E-100
Address
BOCA RATON, FL 33431
City/State and Zip Code
tmurphy@dmrslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

T.N. Murphy, Jr. at 561 391-1900
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
856-245-6000

Street Address:

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

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

NORTHEAST 4TH STREET, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 JUL 18 AM 8:00
TALLAHASSEE, FLORIDA
STATE

The Articles of Organization for this Limited Liability Company were filed on 05/04/2018 and assigned
Florida document number L18000116935.

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 "L.L.C."

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: T.N. Murphy, Jr.


New Registered Office Address: 4800 N. Federal Highway, Suite E-100

Enter Florida street address

Boca Raton, Florida 33431
City 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>	<u>Type of Action</u>
MGR	COSTIN, ROBERT P., TRUSTEE	3725 Lone Pine Road	<input type="checkbox"/> Add
	THE COSTIN FAMILY REVOCABLE LIVING TRUST ORG DTD 4/20/12, AS RESTATED AND AMENDED	Delray Beach, FL 33445-7678	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	COSTIN, SONYA M., TRUSTEE	3725 Lone Pine Road	<input checked="" type="checkbox"/> Add
	THE COSTIN FAMILY REVOCABLE LIVING TRUST ORG DTD 4/20/12, AS RESTATED AND AMENDED	Delray Beach, FL 33445-7678	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 14, 2022

Sonya M. Costin
Signature of a member or authorized representative of a member

Sonya M. Costin
Typed or printed name of signee

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 18 AM 8:00

FILED