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C. GOLDEN

DEC -1 2018

COVER LETTER

TO:

TO: Registration of Division of	on Section Corporations		
our men	Forty4Capital L	LC	
SUBJECT:	Name	of Limited Liability Company	-
The enclosed Article	es of Amendment and fee(s) a	re submitted for filing.	
	respondence concerning this r	·	
		Gabriel Mann	
		Name of Person	
		Forty4Capital LLC	
		Firm/Company	
		2036 East 9th Street	
		Address	
		Brooklyn, NY 11223	
		City/State and Zip Code gabe@greennotecapitalpartners.com	
	E-mail ad	dress: (to be used for future annual report notification)	
For further informat	ion concerning this matter, pl	case call:	
Eddie Shrem		917 589-0519	
N	ame of Person	at () Area Code Daytime Teleph	none Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee S30.00 Filing Fee Certificate of Sta		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
R D P	HAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2018 NOV 20 PH 4: 17

(Nume of the Limited	Forty4 Capital I. Liability Company a		on our records.)	TALLAHASSEE. FL
The Articles of Organization for this Limited Liab			10/4/2018	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability	company he	<u>re</u> :	
The new name must be distinguishable and contain the wor	ds "Limited Liability (Company," the de	esignation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applical	_	561 NE 79th Miami, Florid	Street, Suite 420 da 33138	
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u> _			
B. If amending the registered agent and/o registered agent and/or the new registered offi		c address on	our records, <u>er</u>	nter the name of the nev
	561 NE 79th St	reet, Suite 420)	
New Registered Office Address:			ida street address	
	Miami		, Florid	
		City	<u>-</u>	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>	Address	Type of Action
AMBR	ROSENBERG WILLIAM	9976 MARSALA WAY	Add
		DELRAY BEACH, FL, 33446	■ Remove
		<u> </u>	Change
			☐ Remove
			Change
			□ Remove
			Change
			D Add
			□ Remove
			Change
			🗅 Add
		🗆 Remo	□ Remove
			Change
			□ Add
			Remove
			☐ Change

E. Et	Tective date, if other than the date of filing:
(lf N	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 605.020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
de	ocument's effective date on the Department of State's records.
If the	e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
(0)	The 90th day after the record is filed.
,	November 15 2018
1)	ated

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00