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CLERK OF SUPERIOR COURT

D. BRUCE
OCT 28 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4TH DIMENSION PROPERTIES 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:

FELIX REZNICK

Name of Person

4TH DIMENSION PROPERTIES LLC

Firm/Company

323 SUNNY ISLES BOULEVARD, 7TH FLOOR

Address

SUNNY ISLES, FL 33160

City/State and Zip Code

FREZNICK@4D-PROPERTIES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BELLA FRIDMAN

212

490-5900

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

2021 OCT 15 4:10:22

FILED

SEC. DIV.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

4TH DIMENSION PROPERTIES 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 06/24/2020 and assigned Florida document number L20000177087.

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)

1909 Tyler Street, Suite 403

Hollywood, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1909 Tyler Street, Suite 403

Hollywood, FL 33020

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:

Felix Reznick

New Registered Office Address:

1909 Tyler Street, Suite 403

Enter Florida street address

Hollywood

City

Florida

33020

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	KOHANSIEH, MEHRAN	1010 NORTHERN BLVD. SUITE 212	<input type="checkbox"/> Add
		GREAT NECK, NY 11021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REZNICK, FELIX	1909 TYLER STREET, SUITE 403	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input type="checkbox"/> Remove
			<input checked="" 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"/> Remove
			<input type="checkbox"/> Change

2021 OCT 15 PM 10:02
FALLING WOODS, INC.
FALLING WOODS, INC.

2021 OCT 15 AM 10:22
SECURITY
TALLAHASSEE, FL

2021 OCT 15 AM 10:22
SECURITY
TALLAN

(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 SEPTEMBER 15, 2021

Signature of a member or authorized representative of a member

FELIX REZNICK

Typed or printed name of signee