

121 000 418 234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

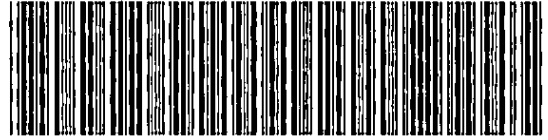
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/14/21--01005--001 **25.00

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D PRICE
OCT 24 2021

Division of Corporations

400 NE 4th LLC

SUBJECT: _____
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:

Giorgio Porta

Name of Person

Firm/Company

99 SE Mizner Blvd, Apt 631

Address

Boca Raton, FL 33432

City/State and Zip Code

giorgiporta88@gmail.com

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

For further information concerning this matter, please call:

Marco Capocchia

614 2071002

Name of Person at (_____) _____
Area Code Daytime Telephone Number

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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

Street Address:

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

**ARTICLES OF ORGANIZATION
OF**

400 NE 4TH 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 09/22/21 and assigned Florida document number 121000418234.

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:

400 NE 4TH ST BOCA RATON, FL 33432

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

PO BOX 2852 BOCA RATON, FL 33427

(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 Florida street address

Florida

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

2021 OCT 14 10:10:30
FALLS CHURCH, VA
SECRETARY OF STATE

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name:</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICHOLAS JUNJULAS	4065 SHADOWIND WAY	<input checked="" type="checkbox"/> Add
		GOTHA, FL 34734	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETER CIREGNA	1400 S OCEAN BLVD 601	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TALLAHASSEE
 FLORIDA
 STATE
 ARCHIVE

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

Lined area for amending information.

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REG. CLERK
TALLMADGE

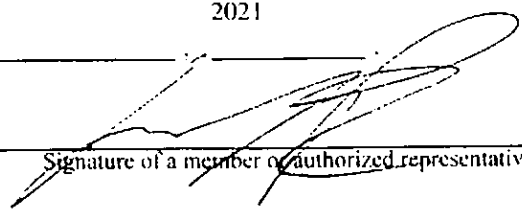
E. Effective date, if other than the date of filing: _____ (optional)

(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.

OCTOBER 6TH 2021
Dated _____



Signature of a member or authorized representative of a member

GIORGIO PORTA

Typed or printed name of signee

Filing Fee: \$25.00