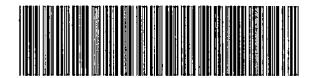
## 121000498437

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Dogument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
DEC 17 2021
DEC 11 FOE.

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12/05/21- 01011--015 \*+25.20

FILED
2021 DEC -6 PH 5: 16

## COVER LETTER

Registration Section Division of Corporations

TO:

CLEARN AND COURT	TH ST LLC		
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steven Oved		
		Name of Person	·
		Firm/Company	
	138 E 31st St C1		
	New York, NY 10016	Address	
	stevenoved@gpsrealtynyc.c	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Steven Oved		732 841-9088 at () Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 S	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

## TARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

1440 SE 14TH ST LLC

2021 DEC -6 PH 5: 16

( <u>Name of the Limited L</u> (A F	iability Company as it now appears on e lorida Limited Liability Company)	SECRETARY OF STATE TALLAHASSEE, FLOREN
The Articles of Organization for this Limited Liabil	aity Company were filed on Novemb	per 19, 2021 and assigned
Florida document number L21000498437		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
1440 SE 14TH CT LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designa	ition "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>	
(Principal office address MUST BE A STREET A	DDRESS)	
	<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or regis agent and/or the new registered office address he   Name of New Registered Agent:  New Registered Office Address:	tered office address on our record	
		Clouido
_	City	Florida Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	nd complete performance of my a ed agent as provided for in Chap stered office address. I hereby co	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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
		<del></del>	
			□Remove
<del></del>			□Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Add
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f an effe Note: - I	ve date, if other than the date of filing:
record d is file	I 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 ed.
Nated _	November 30 2021
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00