## 2021-12-07 09:46 CST (Slumbers X Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Fax Number : (917)243-5843

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4533 JEFFERSON, LLC

Certificate of Status	0
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Help

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

4533 Jefferson, LLC	<b></b>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)
orida document number L21000510469	were filed on 12/03/2021 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	oility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ility Company." the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	10000 West Bay Harbor Drive, Unit 204, Bay Harbor Island FL 33154
inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	10000 West Bay Harbor Drive, Unit 204,
THINK BOWLESS PARTY PORT OF THE THE PARTY PARTY.	Bay Harbor Island FL 33154
	address on our records, <u>enter the name of the new reg</u>
gent and/or the new registered office address here:	address on our records, enter the name of the new reg
gent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street address

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>	Name	<u>Address</u>	Type of Action
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Note:	(optional)  fective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	5.0207 (3)(l ed as the
e recor rd is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	er the
Dated	December 03 2021	
	Signature of a member or authorized representative of a member	
	Warren H. Cohn	

Filing Fee: \$25.00