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PILED 2022 JAN 18 PH 2: 29 SECRETARY OF STATE

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

1701 NET SUBJECT:	7TH WAY LLC			
SOBJECT.	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fec(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steven Oved			
		Name of Person		
		Firm/Company	<del></del>	
	138 E 31st St C1			
		Address		
	New York, NY 10016			
	steven@gpsrealtynyc.com	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		347 281-6823		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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		Street Address: Registration Se		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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

1701 NE17TH WAY LLC

2022 JAN 18 PM 2: 29

(Name of the Limited Liability Company as it now appears or Courrected) Y GE STATE
(A Florida Limited Liability Company) TALLAHARCES TO TALLAHASSEE, FI The Articles of Organization for this Limited Liability Company were filed on January 5, 2022 \_\_\_\_\_ and assigned Florida document number 1.22000013652 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1701 NE 17TH WAY LLC 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) Enter new mailing address, if applicable: (Muiling 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 \_\_\_\_\_\_ Zip Code Cin 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>	Name	<u>Address</u>	Type of Action
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Effective date, if other than the date of filing:  January 15, 2022  (optional)  In 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 665,0  Occurrent's effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed focument's effective date on the Department of State's records.  Tecord 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 filed.  January 12  January 12  January 13  January 13  January 15  January 16  January 17  January 18  January 19		
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