## 122000191958

(Requestor's Name)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

4755 CORE, LLC				
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
			<u></u>	Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		<del></del>		Fictitious Owner Search
o.gacco				Vehicle Search
				Driving Record
Requested by: SETH	06/14/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Name	Date	11110		UCC 11 Retrieval
Walk-In	Will Pick Up	<del></del>		Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



4755 CORE, LLC

2022 JUN 14 AM 9: 37

(Name of the Limited)	Liability Company as it now appears on our reco Florida Limited Liability Company)	rds.)
(A	Florida Limited Liability Company)	ill Estil
The Articles of Organization for this Limited Liab	ility Company were filed on 05/09/2022	and assigned
Florida document number L22000191958		
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "Li	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or	registered office address on our recor	de anter the name of the ne
registered agent and/or the new registered office		us, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	cess
_		Florida
	City	Zin 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 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>	Type of Action
MGR	CAITLIN GOLDMAN	3333 S. CONGRESS AVE. DELRAY BEACH, FL 33445	□ Add
			■ Remove
			☐ Change
MGR	ISAIAH GOLDMAN	3333 S CONGRESS AVE. DELRAY BEACH, FL 33445	■ Add
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ick does not meet the app	licable statutory fi	(opti r more than 90 days afte ling requirements, thi	onal) r filing.) Pursuant to 605.0 is date will not be listed	)207 l as
e record specifies a delayed The 90th day after the reco		not an effective	e time, at 12:01	a.m. on the earlier	· of
June 14 Dated	2022	·			
Isl Sidney Gordo	Signature of a member or au	thorized representat	ve of a member		

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