## L22000219830

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2022 HAY 31 PH 12: 1

## COVER LETTER

**Division of Corporations** 4731 NW 2ND AVENUE 406, 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: Nancy Eisenberg Name of Person Laing, Weicholz, Schley, PLLC Firm/Company 6111 Broken Sound Parkway NW, Suite 330 Address Boca Raton, FL 33487 City/State and Zip Code Nancy@lwslegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lora Esau at (\_\_\_\_\_)
Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **≡** \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

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TO:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

4731 NW 2ND AVENUE 406, LLC

2022 MAY 3 | PM 12: 11

(Name of the Limited Liability Co	ompany as it now appears on our records.) nited Liability Company)  SEUTE TO STATE	
(A Fionda Lim	inted Liability Company)  SECRETION OF STATE  TALLAHASSEE, FL	
Articles of Organization for this Limited Lighility Copyr	pany were filed on May 10, 2022 and assign	ned
e Articles of Organization for this Entitled Liability Comp	pany were fried on and assig	ncu
orida document number L22000219830		
In any order on the subscript of the grant of the College is an		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
L. Jinda and an indicate and a second of the	Liability Company," the designation "Ll.C" or the abbreviation "L.L.C"	<u> </u>
new name must be distinguishable and contain the words. Limited i	Elability Company, the designation   E.E. of the abbreviation   E.E.s	C.
ter new principal offices address, if applicable:		
rincipal office address MUST BE <u>A STREET ADDRESS</u>	<u> </u>	
metput office unitess most be A STREET ADDRESS.	<u> </u>	
		<del></del>
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE BOX)		
uning duaress MAT BE A FOST OFFICE BOX)		
		-
0 0	fice address on our records, <u>enter the name of the new </u>	regist
ent and/or the new registered office address here:		
Name of New Registered Agent:		
5.1 B 1. 1.0500 A 1.1		
New Registered Office Address:	r rt et e e e	
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address, Florida City: Zip Code	
	, Florida	
w Registered Agent's Signature, if changing Registered Ag	. Florida City Zip Code	
v Registered Agent's Signature, if changing Registered Agereby accept the appointment as registered agent and	City . Florida, Florida, Florida, Zip Code  gent: I agree to act in this capacity. I further agree to comply	
v Registered Agent's Signature, if changing Registered Agereby accept the appointment as registered agent and evisions of all statutes relative to the proper and comp	City , Florida, Florida, Florida, Florida, Zip Code  gent: I agree to act in this capacity. I further agree to comply plete performance of my duties, and I am familiar with	and
w Registered Agent's Signature, if changing Registered Agereby accept the appointment as registered agent and ovisions of all statutes relative to the proper and compoept the obligations of my position as registered agent	City . Florida, Florida, Florida, Zip Code  gent: I agree to act in this capacity. I further agree to comply	and ient i.

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
AMBR	Nicholas Finkl	6111 Broken Sound Parkway NW, Suite 330	<b>=</b> Add
		Boca Raton, FL 33487	□Remove
			□Change
			□Add
			□Remove
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an effectiv <u>ote:</u> If th	we date is listed, the he date inserted is effective date	date must be s in this block of	pecific and loes not m	cannot be p	olicable sta			days after f	īling.) Purst		
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record sp is filed.	ecifies a delayed	i effective dai	e, but not	an effectiv	e time, at	12:01 a.m.	on the ear	nier of: (b)	i ne 90tr	i day af	ter the
ated May	y 25			2022							
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Typed or printed name of signee

Dale W. Schley, II