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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section

Division of Corp	porations		
	4 AVENUE LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	DOGA MERIC		
		Name of Person	
	OZ-727 NW 4 AVENUE L	LC	
		Firm/Company	
	3075 N.W. SOUTH RIVER	R DRIVE	
		Address	
	MIAMI, FL 33142		
		City/State and Zip Code	
	doga.meric@beai.com E-mail address: (1)	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		
DOGA MERIC		305 461-2053 x	115
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022

OZ-727 NW 4 AVENUE LLC		JUL 2:11
(Name of the Limited	I Liability Company as it now appears on our records A Florida Limited Liability Company)	26
The Articles of Organization for this Limited Lia Florida document number L22000288345		and assigned 8: 12
This amendment is submitted to amend the follow	ving:	**
A. If amending name, enter the new name of t	the limited liability company here:	
OZ-GNV-727 NW 4 Avenue LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC"	'or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	S
	, Flo	orida
	City	Zıp 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>	Address	Type of Action
			□Add
			Remove
			Change
			□Change
			□Remove
			Change
			□Add
			Change
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			Remove
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active data if ather than the d	e specific and cannot be prior to	o date of filing or more than	90 days after filing.) Pu	irsuant to 605.020
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tea	eartment of State's records. date, but not an effective tin	ne, at 12:01 a.m. on the c	•	2022 JUL