L22000530565

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		P	ICK UP:	02	03/2023	
		CERTIFIED COPY				
	хx	РНОТОСОРУ	_ _			
		CUS		<u></u>		
	xx	FILING	LLC	AMEND		
1.		4619 Developmen		_		
2.						
		(CORPORATE NAME AND DO	OCUMENT #)			
3.		(CORPORATE NAME AND DO	OCUMENT #)			
4.		(CORPORATE NAME AND DO	OCUMENT #)	_		
5.		(CORPORATE NAME AND DO	OCUMENT #)			
6.		(CORPORATE NAME AND DO	OCUMENT #)			
	ECIA: STRU	L CTIONS:				
		-	<u> </u>			
		-				

ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

4619 Development LLC			
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as la Limited Liabil	it now appears on our records.) 1y Company)	
The Articles of Organization for this Limited Liability (and assigned
Florida document number L22000530565	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability	company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Co	onpany," the designation "LLC" or the	abbreviation "L.I.,C."
Enter new principal offices address, if applicable:			2023 SEC TA
(Principal office address MUST BE A STREET ADD)	<u> </u>		
	_		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			AII.
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office addre	ess on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida strevt address	
	(, Florida _	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a heing filed to merely reflect a change in the register company has been notified in writing of this change.	complete perfo gent as provi ed office addr	ormance of my duties, and I an dealfor in Chapter 605, F.S. O	familiar with and r, if this document is
	If Changing I	Registered Agent, <u>Signature of New F</u>	legistered 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 AMBR** Timothy J. Shearer 2726 Mabry Road □Add Brookhaven, GA 30319 **■**Remove □Change **AMBR** Homer Marshman, Real Estate 250 31st Street ≣∧dd Thyestments, LLC West Palm Heach, FL 33407 □Remove □ Change . □C**fæl**ge _ 🗆 Add Remove _ DChange □Add Remove ☐ Change □Add Remove

□ Change

		re: (Attach additional sheets, if	- '
			
			
			
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ffective date, if other than	the date of filing:	r to date of illing or more than 90 days	ptional)
ote: If the date inserted in thi	s block does not meet the appli	cable statutory filing requirements,	this date will not be listed a
ocument's effective date on th	e Department of State's record	S	
record specifies a delayed effe lis filed.	ctive date, but not an effective	time, at 12 01 a.m. on the earlier of	(b) The 90th day after the
February 3	2023		
ated	·	·· ·	
- WW			
1	Signature of a member or auth	orized representative of a member	
Jessica T. Miranda.	Authorized Representative		

Filing Fee: \$25.00