Florida Department of State

Division of Corporation

(((H24000345268 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 🗓

Email Address: HAZEL@VSTATEFILINGS.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIG? FOURTH STREET PARTNERS LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu Corporate Filing Menu

Help



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(((H24000345268 3))) ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

FOURTH STREET PARTNERS LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	e <u>as it now appears on our records.</u>) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 1.24000419248	rere filed on 09/26/2024	and assigned
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liabili	ty company here:	
1914 4th Street Retail LLC		
The new name must be distinguishable and comain the words "Limited Liability	Company." the designation "LLC" or the a	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: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name	ne of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	9 7
New Registered Office Address.	EmerFloridastrertaddress (2)	R 50 F
	Florida .	7) _ [T
	Cin	Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pro-	erformance of my duties, and I am	gree to comply with the familiar with and

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.

From, Alexander Englard

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

2024-10-15 20:36:03 GMT

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			☐Rensove
			□Change
			□∧dd
			□Remove
			[]Change
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			Remove
			Change
 			🗆 Add
			□Remove
			□Change

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To

LANCE ZAR	Typed or printed name of signee
Sig	nature of a member of authorized representative of a member
/S/ LANCE ZAF	2
Dated OCTOBER 15TH	2024
If the record specifies a delayed effective de record is filed	to, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	c of filling:
1), 11 amending any other miormation	i, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00