

Division of Corporations

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M2000000006413

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561)686-3307
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bmann@nasonyeager.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
4TH AVENUE PARTNERS DELAWARE, LLC

Certificate of Status	0
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2020 OCT -6 PM 3:07

SECRETARY OF STATE

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OCT 07 2020

2020 OCT -6 AM 9:12

10/6/2020 2:13 PM

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 4th Avenue Partners Delaware, LLC

Enter new principal office address, if applicable: 7900 Glades Road

(Principal office address
MUST BE A STREET ADDRESS)

Suite 600

Boca Raton, FL 33434

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

7900 Glades Road

Suite 600

Boca Raton, FL 33434

2. The Florida document number of this limited liability company is: M20000006413

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/24/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip 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.

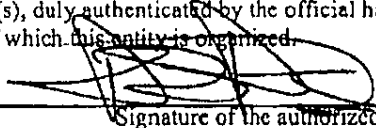
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	E & F Development Partner, LLC	One Town Center Rd Ste 600	<input type="checkbox"/> Add
		Boca Raton, FL 33486	<input checked="" type="checkbox"/> Remove
Authorized Person	Arthur J. Falcone	One Town Center Rd Ste 600	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33486	<input type="checkbox"/> Remove
Authorized Person	Ian Weiner	7900 Glades Road, Suite 600	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Alan I. Armour II, Esq. Authorized Representative of the members

Typed or printed name of signee

Filing Fee: \$25.00