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то:	Registration S Division of C				
SUBJ	FCT: EVERES	T SERIES IV AUTUMN	CHASE LP		
3000		ne of Florida Limited Par	tnership or Limited I	Liability	Limited Partnership
The er	nclosed Certific	ate of Amendment ar	nd fee(s) are subn	nitted f	or filing.
Please	return all corre	espondence concernir	ig this matter to:		
Michae	el S. Foelster, Esq.				
		Contact Person		-	
BACK	ER ABOUD POL	IAKOFF & FOELSTER.	LLP		
		Firm/Company		-	
400 S.	Dixie Highway, S	uite 420			
		Address		-	
Boca R	laton, FL 33432				
	C	ity, State and Zip Code		-	
mfoels	ster@bapflaw.com	1			
E-	-mail address: (to	be used for future annual	report notification)	-	
For fu	rther information	on concerning this ma	atter, please call:		
Michael S. Foelster, Esq.		_at (361-85	535	
	Name of Contac	t Person		nd Daytin	me Telephone Number
Enclos	sed is a check for	or the following amo	unt:		
\$ \$52.	.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop		☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP

EVEREST SERIES IV AUTUMN CHASE LP

Name of New Registered Agent:

New Registered Office Address:

Pile 13 OF

Insert name currently on	file with Florida Department of State
limited liability limited partnership, whose certi	Florida Statutes, this Florida limited partnership or ificate was filed with the Florida Department of State on lorida document number A17000000188
adopts the following certificate of amendment to	
This amendment is submitted to amend the following	z :
A. If amending name, enter the new name of the here:	e limited partnership or limited liability limited partnership
New name must be distingui	ishable and contain an acceptable suffix.
	s: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
principal office address here:	cipal office address, <u>enter new mailing address and/or</u>
New Principal Office Address:	409 BALA CIR
(Must be STREET address)	BALA CYNWYD, PA 19004
New Mailing Address:	409 BALA CIR
(May be post office box)	BALA CYNWYD, PA 19004
C. If amending the registered agent and/or registered agent and/or the new registered office a	ered office address on our records, <u>enter the name of the newaddress here</u> :

Boca Raton

400 S. Dixie Highway, Suite 420

Citv

BACKER ABOUD POLIAKOFF & FOELSTER, LLP

Enter Florida street address

. Florida <u>33432</u>

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.

Michael Foelster

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>.</u>			Remove
			Add
			☐ Remove
			☐ Add☐ Remove
			
			Remov

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other info	rmation, ent	ter change(s)	here: (Attach additional sheets, if necessary.)
New address of General Partn	er, EVERES	ST REALTY	INVESTMENT GROUP LLC:
409 Bala Circ, Bala Cynwyd.	PA 19004		
			
Effective date, if other than the dat (Effective date cannot be prior to nor more State.)	e of filing:_ re than 90 day	ys after the da	te this document is filed by the Florida Department of
			tatutory filing requirements, this date will not 's records.
Signature(s) of a general partner	or all gene	eral nartne	re*·
(*NOTE: Only one current general partr	ner is required nership" electi	I to sign this di	ocument unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to sign
EVEREST REALTY INVESTMENT GR	ROUP LLC, as	cting	
By: ZNY HOLDINGS, LLC			
Ву:			
ZEVSHAPOSI	HNICK, Mana	ager	
Signature(s) of all new or dissoci	ating gene	ral partner	(s), if any:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		