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D. SCOTT MAR 3 0 2017

COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: PPLC IV, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
1821 Bryshore Blvd Ton 3 T
Address City/State and Zip Code City/State and Zip Code Semail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee & Certificate of Status Certificate of Status \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PPLC	IV, LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp.	any were filed on and assigned
Florida document number L 12000129338	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	HS 20
(Principal office address MUST BE A STREET ADDRESS) <u> </u>
Enter new mailing address, if applicable:	Gordon McBride
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 552
	Decatus, Al 35601
registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized Member	,

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gordon A. MEBrida	1821 Bayshare Blud	
		Tampa, F1 33606	Remove
			Change
mar	Gordon McBride	P.O. Box 552	
		DOLATOR, AL 3560	> 1 □ Remove
			Change
			GRemove T
			Change ED Add
			Remove
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			Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach o	
100 % of entity (PPL	CIV, UC) WIS
sold to Gordon m	of Bride ON
may Z, Z016.	
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	Jiqued]
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	29 元
	E FIS
	000 PATE
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3) y filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effect) The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier of:
Dated	ntative of a member
Typed or printed name of sig	nce de

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Filing Fee: \$25.00