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2022 SEP 19 AM 8: 45 SECRETARY OF STATE TALLAHASSEE, FI

## **COVER LETTER**

TO: Registration 8 Division of Co			
IV Investr SUBJECT:	ments LLC		•
<u></u>	Name of Lin	nited Liability Company	•
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Velibor Ivanic		
		Name of Person	
		Firm/Company	<u></u>
	10435 Midtown Parkway	unit 201	
		Address	
	Jacksonville, FL 32246		
		City/State and Zip Code	
	v.ivanie@yahoo.com		
For further information	e-mail address: (	to be used for future annual report notiful.	ication}
Velibor Ivanic		904 881-8998 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
<b>≅</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed

Maifing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IV Investments LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability	Company were filed on 07/06/2021	and assigned
Florida document number L21000307867	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		202 SE
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, <u>enter the na</u>	- ~ ··
agent and of the new regimered office address nere.	•	EP ETA
Name of New Registered Agent:		HAS TO
Name of New Registered Agent:		OF S
New Registered Office Address:		
	Enter Florida street address	#S
	, 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 docum, we 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person peing add, to removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A dica
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