L14000089956

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pflofie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration of	n Section Corporations		,
SUBJECT:	NVESTORS LLC		·
	Name of L	imited Liability Company	
	s of Amendment and fee(s) are st		
	Joshua M. Fleming	5	2021 / Seur Ta
	Fleming & Fleming, PL	Name of Person	2021 AUG 30 PM 3: 18 SEURETARY OF STATE TALLAHASSEE, FL
	11891 US Highway One,	Firm/Company Suite 100	PH 3: OF ST. SSEE.F
		Address	[2] 8
	North Palm Beach, Fl. 33	408	
	jfleming@lawpalmbeach.	City/State and Zip Code	ı
For further information	E-mail address: a concerning this matter, please of	(to be used for future annual report notificati	on)
Joshua M. Fleming		561 622-2700	
Name	of Parson	Area Code Daytime Tele	phone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Streen	tions + + + + + + + + + + + + + + + + + + +

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ESTORS LLC		
(Name of the Lin	nited Liability Company a (A Florida Limited Liabi	s it now appears on our records.)	·
The Articles of Organization for this Limited Florida document number L14000089956			and assigned
This amendment is submitted to amend the fo	llowing:		2021 SEC
A. If amending name, enter the new name	of the limited liability	Campany hara	AUG.
BAZCO IV LLC			± 1 ω
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or	the abbreviation "4-4 C"
Enter new principal offices address, if appl	icable:	•	
(Principal office address MUST BE A STRE	ET ADDRESS)		[2]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office addre ess here:	ess on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Joshua M. Fleming		
New Registered Office Address:	11891 US Highway C	one, Suite 100	
		Enter Florida street address	
	North Palm Beach	, Florida	33408
N. D. P	C	ity	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			☐ Change
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	·		□Add
			□Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)		
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Note: If the	date, if other than the date of filing:	nal) filing.) Pursuar date will not	nt to 605.1 Lbe liste	0207 (3) d as the
the record spec cord is filed.	exifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th d	ay after	the
Dated	August 24 , 2021 .			
	Fignature of a member or authorized representative of a member		—-,	
	Jared E. Abbruzzese, Sr.			
	Typed or printed name of signee			

Filing Fee: \$25.00