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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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FILED 2015 JUL -6 P 2: 55 SECRETARY OF STATE

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COVER LETTER

| TO: Registration Solution of Col | | | | | |
|----------------------------------|--|---|----------------------------|--|--------|
| 4506 IV, L SUBJECT: | LC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | | |
| | Jay Eisenberg | | | | |
| | | Name of Person | | | |
| | The Eisenberg Group | | | | |
| | | Firm/Company | | | |
| | 4613 N. University Drive | - #411 | | | |
| | | Address | 1AL SE | 201 | |
| | Coral Springs, FL 33067 | | CRE | 2015 JUL | |
| | iar@airanharahaldinga aan | City/State and Zip Code | ASSE | 9- | m |
| | jay@eisenbergholdings.com E-mail address: (| to be used for future annual report notification) | | U | \Box |
| For further information of | concerning this matter, please co | | OF STATE EE FLORID | 2: 5 _b | Ü |
| Jay Eisenberg | | 954 755-1212 at () | A | ೨ | |
| Name o | of Person | Area Code Daytime Telepi | hone Number | | |
| Enclosed is a check for t | the following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed) | Certificate Certified C | 0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

| 4506 IV, LLC | | |
|---|--|--------------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w | vere filed on July 19, 2007 | and assigned |
| Florida document number L07000074723 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liabil</u> | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | A | 2015 |
| Enter new mailing address, if applicable: | NS. | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | Or > | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | | nter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florid | aZip Code |
| Naw Degistered Agent's Signature if changing Degistered Agent. | City | ыр соце |

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 .

į

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|---------------------------------|----------------|
| MGRM | Jay Eisenberg | 4613 N. University Drive - #411 | Add |
| | | Coral Springs, FL 33067 | Remove |
| | | | Change |
| MGR | Jay Eisenberg | 4613 N. University Drive - #411 | ■ Add |
| | | Coral Springs, FL 33067 | Remove |
| | | | Change |
| | | | Add |
| | | <u> </u> | □ Remove |
| | | ALLAHASSEE. FLORIDA | Z □ Change |
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| (lf an ef <u>Note:</u> | tive date, if other that fective date is listed, the date If the date inserted in the date on the date on | ate must be specific a this block does not | nd cannot be prior meet the applic | able statutory fili | more than 90 day | | ig.) Pursu | |
| | cord specifies a de e 90th day after the | | | ot an effective | time, at 12 | :01 a.m | . on th | ie earlier |
| Dated | July 1 | | , 2015 | A | | | | |
| | | | | | | | | |
| | - | | | Orized representation CISCNAC 16 ed name of signee | e of a member | | | |

Page 3 of 3

Filing Fee: \$25.00