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SCORETARY OF STATE
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OCT 202015

COVER LETTER

TO: Registration S Division of Co					
	DUSE, LLC				
Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fec(s) are submitted for filing.				
Please return all correspondence	ondence concerning this matter to the following:				
	Ivo Travnicek, Esq.				
	Name of Person				
	Ivo Travnicek, PA				
	Firm/Company				
	330 S Pineapple Ave, S-110				
	Address				
	Sarasota, Florida 34236				
	City/State and Zip Code				
	itravnicek@sarasotabizlaw.com E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please call:				
Ivo Travnicek	941 366-1195 at ()				
Name o	at () of Person Area Code Daytime Telephone Number				
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	(additional copy is enclosed) Certified	te of Status &			

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

FILED
2015 OCT 19 PM 3: 29
PALLAHASSEE. FLORIDA

WALDHOUSE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 04/06/2010	and assigned
Florida document number L10000037035	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
V4 Investment LLC		
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ac		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	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, enter the title, name, and address of each person being added or removed from our records:			
MGR = I			IN TED
<u>Title</u>	<u>Name</u>	Address	20/5 OCT 19 PH 3:Tope of Action SLUBETARY OF STATE AND AND Add
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	TALLAHASSEE, FLORIO,
	TAMASSÉE, FLORIO,
ffective date, if other than the date of filing:	(optional)
	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 opplicable statutory filing requirements, this date will not be listed as t
locument's effective date on the Department of State's reco	ords.
	t not an effective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	
Ogtobor 15	
Oated October 15 2015	·
In Indiana	authorized representative of a member
Signature of a memoer or	addition and representative of a member
Lubos Mahdon	
Typed or	printed name of signee

Page 3 of 3

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