## L10000111316

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EXAMINER

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## **COVER LETTER**

SAN FRANCISCO INVESTMENT IV LLC SUBJECT: 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: MICHAEL MELENDEZ Name of Person MELENDEZ VEGA. LLC Firm/Company 10511 N KENDALL DR SUITE C-203 Address MIAMI, FL 33176 City/State and Zip Code MICHAEL@MELENDEZVEGA.COM E-mail address: (to be used for future annual report notification) . For further information concerning this matter, please call:

Enclosed is a check for the following amount:

Name of Person

Registration Section

Division of Corporations

TO:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

at (305)

Certificate of Status &
Certified Copy
(additional copy is enclosed)

**MAILING ADDRESS:** 

MICHAEL MELENDEZ

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

271-5841

Area Code & Daytime Telephone Number

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SCO INVESTMENT IV	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number L10000111316	Company were filed on OCTO	DBER 25, 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
SAN FRANCIS	SCO IV INVESTMENT, LLC	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADI.	ORESS)	<u> </u>
Enter new mailing address, if applicable:	N/A	CO
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	
		0 4
	<del>- ,, </del>	79 177 176 177
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		)
Name of New Registered Agent: N/A	<b>\</b>	
New Registered Office Address:		
	Enter F	lorida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name Address Type of Action** N/A ☐ Add Remove N/A ☐ Add Remove N/A ☐ Add Remove N/A ∏ Add Remove N/A Remove N/A 75 ريا سرا D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) No 1 Dated Signature of a member or authorized representative of a member FRANCISCO J CORREA, MANAGER Typed or printed name of signee