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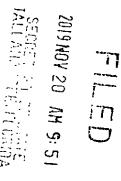
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COVER LETTER

Division of Cor	porations		
SUBJECT: 1DP	4 LLC		
	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Suzani	e M. Carro	Ц
		Name of Person	
		DP4	
		Firm/Company	
	_ 393 Ea	36 Dr. Address	
		Address	
	Ju poiter	FL 33477 City/State and Zip Code	
	CACCOL	City/State and Zip Code	4
	E-mail address: (1. acc+@ne. to be used for future annual report noti	tication)
For further information co	ncerning this matter, please ca		
Sineadan	ne P. Coffey	at (S61) 221	8164
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
\$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 (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

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

TO ARTICLES OF ORGANIZATION **OF**

B. If amending the registered agent and/or registered office address on our records, enter the page	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: \[\sum_{A} \] The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "Enter new principal offices address, if applicable: \[Principal office address MUST BE A STREET ADDRESS \) Enter new mailing address, if applicable: \[\frac{Mailing address MAY BE A POST OFFICE BOX \) B. If amending the registered agent and/or registered office address on our records, enter the name registered agent and/or the new registered office address here: \[\frac{Name of New Registered Agent: \[\frac{Name of New Registered Agent: \] New Registered Office Address:	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: \[\begin{align*} \begi	ıssigned
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Name of New Registered Agent: New Registered Office Address:	of the nev
New Registered Office Address:	
Florida	
City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	

N

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mrs.	Suzanne M. Carroll	393 Eagle Dr. Jupiter FL 334	Add Add
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(ii aii ciic	cut e date is fished, the date must be specific and cannot be prior to date of filing or more than 00 days offer filing a December 105 0207 (2015)
	The date inscreed in this block does not ineed the applicable standard from requirements, this date will not be listed as the
docume	nt's effective date on the Department of State's records.
If the	
(b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
. ,	, and the record is med.
Dated	Vov. 13,2019
Dateu _	
	\mathcal{L}_{i}
	Signature of a member or authorized representative of a member
	Prologist h) Process
	Richard N. Carrou
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00