

NO 0000121850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

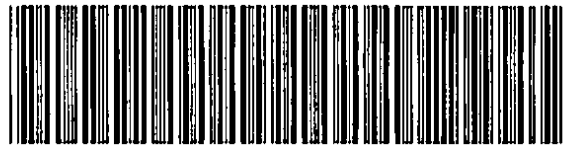
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

*[Signature]*



600392686226

2017 AUG 17 10:15 AM

22 AUG 17 PM 2:26  
DIVISION OF CORPORATION  
STATE OF NEW YORK

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
IDP4, 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:

Suzanne M. Carroll

\_\_\_\_\_  
Name of Person

IDP4, LLC

\_\_\_\_\_  
Firm/Company

393 Eagle Drive

\_\_\_\_\_  
Address

Jupiter, FL 33477

\_\_\_\_\_  
City/State and Zip Code

suzanne.m.carroll@me.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

22 AUG 17 PM 2:26

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

SUZANNE CARROLL

Name of Person

at ( 202 )

Area Code

812-7465

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Suzanne M. Carroll	393 Eagle Drive, Jupiter FL 33477	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 AUG 17 PM 2:26  
DIVISION OF SOCIAL SERVICES

DIVISION OF FORENSICS  
22 AUG 17 PM 2:26

22 AUG 17 PM 2:26

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

8 | 12 | 22

Signature of a member or authorized

Signature of a member or authorized representative of a member

Suzanne M. Carroll

Typed or printed name of signee

2000

Richard W. Cavro