NIO 000121850

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Solution of Co				
IDP4, LLC	•			
SUBJECT:				
		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	Suzanne M. Carroll			
		Name of Person		
	IDP4, LLC			
		Firm/Company		
	393 Eagle Drive		•	~
		Address		7 7 N
	Jupiter, FL 33477			Jimision er c 22 AUG 17
	suzanne.m.carroll@me.com	City/State and Zip Code		32 AUG 17 PM 2: 26
		to be used for future annual report notif		? ?
For further information of	concerning this matter, please co	•	•	26
SUZANNE	CARROLL	at (202) 8/2 - Area Code Daytime	7465	
Name o	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	
New March		g		
Mailing Addres Registration		Street Address: Registration Sec	etion	
Division of C	Corporations	Division of Corp	porations	
P.O. Box 632	27	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDP4, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 11/20/2010 The Articles of Organization for this Limited Liability Company were filed on and assigned 1.10000121850 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/AThe new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Suzanne M. Carroll	S&w Cewells	□Add
		393 Hagle Drive, Jupiter FL 33477	XRemove
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<u></u>			□Add
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(If an effective da Note: If the d	ate is listed, the date late inserted in th	s block does not me	cannot be prior to date on the capplicable states	of filing or more than tutory filing require	(optional) X) days after tiling.) ements, this date v	Pursuant to will not be l	605.020 listed a
document s et	necuve date on tr	e Department of Sta	ate s records.				
ne record specil ord is filed.	fies a delayed effo	ctive date, but not a	in effective time, at	2:01 a.m. on the ea	rrlier of: (b) The	90th da y a	fter the
Dated	8/12/	22				~ ~	١
		Signature of a m	ember or authorized re	oresentative of a men	X UN		
				proceedings of the thioti	10.01		v.(