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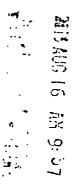
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COVER LETTER

Division of Con	•		
4 Rivers G	enesis Fund, LLC		
SUBJECT:	Name of Lim	ited Liability Company	······
The enclosed Articles of	'Amendment and fee(s) are sub	mitted for filmg.	
	ondence concerning this matter		
	Jo-Ann Pertido		
		Name of Person	
L	4R Restaurant Group, LLC		
į		Firm Company	
	210 N. Park Ave		
		Address	
	Winter Park, Fl. 32789		
	joannp@4rsmokehouse.com		
	E-mail address: (to be used for future annual report notifi	eatten)
For further information c	concerning this matter, please c	all:	
Jo-Ann Pertido		407 6874344 at ()	
Name (of Person	Area Code Daytime	Telephone Number
Inclosed is a check for (he following amount:		
■ 825,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ So0.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)
MAH	INC AMPRESS	STRFF"T/COERH	FR ADDRESS:

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 Rivers Genesis Fund, 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 $\frac{05/16/2012}{1}$ and assigned Florida document number $\underline{L12000066276}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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 n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 a 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
CFO	Jo-Ann Perfido	210 Park Avenue N. Winter Park, FL 32789	
			■ Remove
		210 Park Avenue N.	☐ Change
OP	Jeff Palermo	Winter Park, FL 32789	
			■ Remove
		.	□ Change
			□ Add
			Remove

			Change
			☐ Add
			□ Change
			Add
			□ Remove
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Sective date, if other than t on effective date is listed, the date i ote: If the date inserted in this ocument's effective date on the	oust be specific and cann block does not meet t	he applicable statu	filing or more than 90 tory filing requiren	(optional) days after filing.) Purs ients, this date will r	uant to 605.0 iot be listed
e record specifies a delay The 90th day after the r		but not an eff	ective time, at	12:01 a.m. on t	ne earliei
ated August 4.5	20	19			
nea	7	·			
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	Signatur&of a memb				

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