# 4/30000098382

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## **COVER LETTER**

. TO: Registration Section
Division of Corporations

Sully Holdings IV, LLC

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:

Miriam de Toro

Name of Person

Miriam de Toro CPA, PLLC

Firm/Company

3850 SW 87th Ave Ste 301

Address

Miami, FL 33165

City/State and Zip Code

Miriam@detorocpa.com

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

For further information concerning this matter, please call:

Miriam de Toro

<sub>...</sub>305<sub>、</sub>448-1648

Name of Person

Area Code & Daytime 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:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Holdings IV, LLC	
(Name of the Limited Liability (A Florida)	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L13000098382	Company were filed on <u>07/10/201</u>	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		FA.: 2
(Principal office address MUST BE A STREET ADDR	RESS)	
	_	75. F
Enter new mailing address, if applicable:		NSEC. IT
(Mailing address MAY BE A POST OFFICE BOX)		5 7 5
	<del></del>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office adds		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floric	la strect address
	<del></del>	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 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 <u>Title</u> <u>Name</u> **Address** Type of Action Ana L Rivaroli 419 Michigan Ave **MBR** Miami Beach, FL 33139 Remove Remove Remove

, <u>2013</u>
Africa)
Signature of a member or authorized representative of a member
Ana L Rivaroli

Page 3 of 3

Filing Fee: \$25.00

2013 JUL 19 AM H: 38