

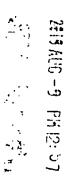
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	4P Developm			
		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		Rodrigo Cunha		
		-	Name of Person	
		4P Development LLC		
			Firm/Company	
		121 S Orange Ave Suite 85	0	
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
		Accounting@magicdevelops		
		E-mail address: (t	o be used for future annual report notifica	ition)
For further in	nformation cor	ncerning this matter, please ca	dl:	
Rodrigo Cur	ıha		407 9928802 EXT	
	Name of I	Person	at ()	elephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	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

TO:

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

4P Development LLC			
(Name of the Lim	ited Liability Com (A Florida Limite	npany as it now appears on our re- ed Liability Company)	cords.)
The Articles of Organization for this Limited I	Liability Compa	ny were filed on 08/08/19	and assigned
lorida document number 113000119346	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited li	ability company here:	
i/A			
he new name must be distinguishable and contain the	words "Limited Lis	ability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Inter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
		C.C. 1.1	<u></u>
If amending the registered agent and egistered agent and/or the new registered of the new registered agent and new registered of the new registered agent and new registered of the new regist			514
			
Name of New Registered Agent:	N/A		P1112: v1
New Registered Office Address:	N/A		<u> </u>
		Enter Florida street ac	ldress
			, 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 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
VP	Williams Chase	121 S Orange Ave Suite 850	
<u> </u>			
		Orlando, FL 32801	
			Remove
			Change
			☐ Remove
			Change
			□ Remove
		***	Change
			Add
			Remove
			☐ Change
 .	···	-	Add
			Remove
		-	L Kelnove
			□ Change
			to Change
			□ Remove
			□ Change

	·
(If an e Note	08/08/2019 tive date, if other than the date of filing:
the re) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	1 08/08/19
Dated	$\left(\begin{array}{c} \cdot \\ \cdot \end{array} \right)$
Dated	Signature of a member or authorized representative of a member