

L14000008.19

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

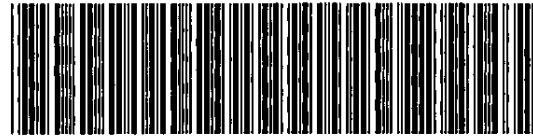
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/14--01024--023 **25.00

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B. BOSTICK

JUN 12 2014

EXAMINER.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Steinmauer Fund 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:

Sarah Haccoun

Name of Person

Steinmauer Fund IV, LLC

Firm/Company

1108 Kane Concourse, Suite 309

Address

Bay Harbor Islands, FL 33154

City/State and Zip Code

sr@steinmauerfamily.com

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

For further information concerning this matter, please call:

Sarah Haccoun

Name of Person

at **305**
Area Code

588-9285

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**

Steinmauer Fund IV, 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 01/16/2014 and assigned Florida document number L14000008619.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1108 Kane Concourse

Suite 309

Bay Harbor Islands, FI 33154

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1108 Kane Concourse

Suite 309

Bay Harbor Islands, FI 33154

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:

Name of New Registered Agent:

New Registered Office Address:

1108 Kane Concourse, Suite 309

Enter Florida street address

Bay Harbor Islands

, Florida

City

33154

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

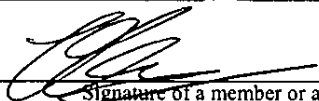
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Steinmauer Realty, LLC	1108 Kane Concourse	<input checked="" type="checkbox"/> Add
		Suite 309	<input type="checkbox"/> Remove
		Bay Harbor Islands, Fl 33154	
MGR	Steinmauer Realty, LLC	1141 Kane Concourse	<input type="checkbox"/> Add
		Suite 203	<input checked="" type="checkbox"/> Remove
		Bay Harbor Islands, Fl 33154	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6/4/14, _____



Signature of a member or authorized representative of a member

Sarah Haccoun

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
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TAMPA