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(((H220001908123)))



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<u>::</u>

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COVER LETTER

H22000190812

	Four F	PE Vista, LLC	
UBJECT:	Name of Limi	ted Liability Company	
	10.45.45.45	wheel Co Clina	
	Amendment and fee(s) are sub- indence concerning this matter	-	
·		-	
	Christina T. Rodriguez		
		Name of Person	
	c/o Haynes and Boone, LL	P	
		Firm/Company	
	2323 Victory Avenue, Suit	e 700	
		Address	
	Dallas, Texas 75219		
		City/State and Zip Code	
	Rforsythe@tlcapital.com		
	E-mail address: (1	o be used for future annual report notif	ication)
or further information co	oncerning this matter, please ca	ill:	
Robert Forsythe		813 537.5300 at ()	
Name of	Person	Area Code Daytime	Telephone Number
inclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclose
	·	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

H22000190812

Four PE V (Name of the Limited Liability Com) (A Florida Limited	="	on our records.)	
The Articles of Organization for this Limited Liability Compare Florida document numberL14000080515	ny were filed on	May 16, 2014	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de	signation "LLC" or th	e abbreviation EL.C."
Enter new principal offices address, if applicable:			Z MAY
(Principal office address MUST BE A STREET ADDRESS)			<u>΄΄΄ ω π</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our re	cords, enter the n	ame of the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
		, Florida	
	City	<u> </u>	Zip Code

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	

H22000190812

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kenneth P. Jones	1513 E. 8th Avc.	□Add
		Tampa, Florida 33605	
			Change
MGR	TL Capital, LLC	1600 E. 8th Avenue, Suite A210	≅Add
		Tampa, Florida 33605	□Remove
			□ Change
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
			□Add
			□Add
			Петюvе

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Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 [ORE: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. [Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. [Onted		
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