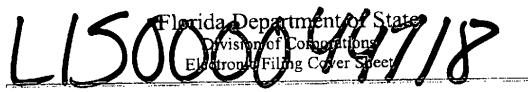
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**Division of Corporations** 



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Electronic Filing Menu Corporate Filing Menu

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|   |                 |   |  |  |
|   | MARINA L        | P4 LLC  | ^  | •                                      |
| SUBJECT:  |                 | Name of Limi  | ted Liability Company                      |  |
| The enclosed  | d Articles of A | Amendment and fee(s) are subt   | nitted for filing.                         |  |
| Please retur  | all correspoi   | ndence concerning this matter   | to the following:                          |  |
|   |                 | DARLIN ESPINOSA   |  |  |
|   |                 |   | Name of Person                             |  |
| RICHARDS & PARTNERS, P.A.  Firm/Company  2665 SOUTH BAYSHORE DRIVE SUITE 703  Address  MIAMI, FL 33133  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  DARLIN ESPINOSA  Area Code  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (certified Copy (additional copy is enclosed) |                 |   |  |  |
|   |                 |   |  |  |
|   |                 | Ection reporations  LP4 LLC  Name of Limited Liability Company  f Amendment and fee(s) are submitted for filing. condence concerning this matter to the following:  DARLIN ESPINOSA  Name of Person  RICHARDS & PARTNERS, P.A.  Firm/Company  2665 SOUTH BAYSHORE DRIVE SUITE 703  Address  MIAMI, FL 33133  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  concerning this matter, please call:  of Person  at ( |  |  |
|   |                 |   |  |  |
|   |                 | MIAMI, FL 33133   |  |  |
|   |                 |   | City/State and Zip Code                    |  |
|   |                 | E-mail address: (   | to be used for future annual report notifi | ication)                               |
| For further i   | nformation co   | oncerning this matter, please ca  | all:                                       |  |
| DARLIN E  | SPINOSA         |   |  |  |
|   | Name of         | f Person  |  | Telephone Number                       |
| Enclosed is   | a check for th  | e following amount:   |  |  |
| <b>■ \$</b> 25.00   | Filing Fee      |   | Certified Copy                             | Certificate of Status & Certified Copy |
|   |                 |   |  |  |

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

Street Address: 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

|  | INA LP4 LLC  |                          |
|--|--|--------------------------|
| (Name of the Limited Liability Co  | mpany as it now appears on our records.) ited Liability Company) |                          |
| The Articles of Organization for this Limited Liability Comp.  Florida document number L15000044718            |  | und assigned             |
| 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 I  | Liability Company," the designation "LLC" or the a               | bbreviation "L.L.C."     |
| Enter new principal offices address, if applicable:  |  | <u> </u>                 |
| (Principal office address MUST BE A STREET ADDRESS   | <u></u>  |                          |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                          |  |                          |
|  |  |                          |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | fice address on our records, enter the name                      | ne of the new registered |
|  | • •  |                          |
| Name of New Registered Agent:  | ·  |                          |
| New Registered Office Address:   |  |                          |
|  | Enter Florida street address                                     | . <u>-</u>               |
|  | , 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 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> | Name                    | Address                   | Type of Action |
|--------------|-------------------------|---------------------------|----------------|
| MGR          | DESMYD ALJA FLORIDA LLC | 16630 SUNSET WAY          |                |
|              |                         | WESTON, FL 33326          | ■Remove        |
|              |                         |                           | □Change        |
| MGR          | FERNAN RODRIGUEZ        | 2665 SOUTH BAYSHORE DRIVE | <b>≅</b> Add   |
|              |                         | SUITE 703                 | □Remove        |
|              |                         | MIAMI, FL 33133           | □Change        |
|              |                         |                           | □ Add          |
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| an cii<br>ote: | ive date, if other than the date of filing:   |
| recor<br>is fi | d 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 led. |
| ated           | February 17, 2022<br>Fernan Rodriquez   |
|                | Signature of a member or authorized representative of a member  |
|                |   |

Filing Fee: \$25.00