## L15000138942

(Re	equestor's Name)	
(Ad	ldress)	<u>.</u>
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	<del>: #)</del>
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(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
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## **COVER LETTER**

Division of Cor			
	erties 4, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lori Ballis		
		Name of Person	
	ABL Properties 4, LLC		
		Firm/Company	
	I Beach Drive SE, Suite 2	30	
	<del></del>	Address	<del></del>
	St Petersburg, FL 33701		
		City/State and Zip Code	
	lorib@comegys.com		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
Mark S. Berset		727 515-5548 at ()	
Name o	f Person		: Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our nited Liability Company)	r records.)
pany were filed on 8/12/2015	and assigned
liability company here:	
Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
<u> </u>	
fice address on our records,	enter the name of the new registere
Enter Florida stree	t address
	, Florida
City	Zip Code
<u>ent:</u>	
olete performance of my dut as provided for in Chapter	y. I further agree to comply with the ties, and I am familiar with and 605, F.S. Or, if this document is irm that the limited liability
	2 A 1
	AH 00 3
Changing Registered Agent, Sign	ည nature of New Registered Agent
	liability company here:  Liability Company," the designation of the de

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR Andre Serpa	Andre Serpa	881 E First Street	
		Unit 403	■Remove
		Boston, MA 02127	□Change
AMBR	Gregg Serpa	6602 Scafairer Drive	
	Tampa, FL 33615	≅Remove	
			□Change
			□ Add
			□Remove
			Change
			□Remove
		□Change	
		□Remove	
		□Change	
		□Add	
	<del> </del>	□Remove	
			□Change

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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	ive date, if other than the date of filing:  O1/20/2021  (optional)  ective 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 (3)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he recor	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.
Dated	1/20/21
	Signardre of a member of authorized representative of a member
	Mark S. 1Serset Typed or printed name of signee