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DIVISION OF CORPORATION

N COOPER MAY 0 8 2018

## **COVER LETTER**

	ion Section f Corporations		
SUBJECT:	The IV League L	Liability Company	
The enclosed Artic	les of Amendment and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerning this matter to the	e following:	
	Crystal Dr	Value of Person	
	<del></del>	Firm/Company	
	101 5.124 51	# 417 Address	
	Tapa FL 33	ity/State and Zip Code	
	E-mail address: (to be	used for future annual	report notification)
For further informa	tion concerning this matter, please call:		
Cryst	ame of Person	at (X33)	Daytime Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	ee \$\square\$ \$30.00 Filing Fee & Certificate of Status	3 \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &

### 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

The IV League	LLC
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L 170001400</u> 29	mpany were filed on 6/26/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	THE CORPORATION OF CO
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 =	AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
	Jeff Mathras		Add				
		2980Estancia Place Clear Water, FL 33761	Remove				
			Change				
	laurel C. Lypcho	350 Holly Hill Rd Odomar, FL 34677	Add				
			□ Remove				
			Change				
			Add				
			Remove				
		<del></del>	Change				
			□ Add				
			□ Remove				
			Change				
			Remove				
			Change				
			Remove				
			☐ Change				

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
Jeff Matthews to be removed aspletely from the large ord is	NOW PLAN	<u>.</u>
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	HAY -	SECRETA ISION OF
	7 49 11:	RY OF S
	7: 22: 23:	ATIONS
E. Effective date, if other than the date of filing:		
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t (b) The 90th day after the record is filed.	he earl	ier of:
Dated April D4  Wignature of a member of authorized representative of a member		
Cyskel Dyadisz Typed or printed name of signee		

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Filing Fee: \$25.00