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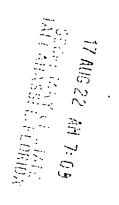
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COVER LETTER

	Legistration Se Division of Cor					
SUBJECT		VENTURE FINANCE IV LLC	:			
	Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	um all correspo	ondence concerning this matter	to the following:			
		JAMES M. SOLDAVINI				
			Name of Person	· · · · · · · · · · · · · · · · · · ·		
		MATTHEW JOHN SOLE	OAVINI, PA			
		·	Firm/Company			
		791 10TH ST S, STE 301				
			Address			
		NAPLES, FL 34102				
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	fication)		
For further	r information c	oncerning this matter, please co	all:			
JAMES T	MURPHY		239 289-0172 at ()			
	Name o	f Person		e Telephone Number		
Enclosed i	is a check for th	ne 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

PROTON VENTURE FINANCE 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 Co	ompany were filed on JUNE 29, 2017 and assigned
Florida document number L17000141334	_·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ited 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	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address.	tered office address on our records, enter the name of the nees here:
Name of New Registered Agent:	
New Registered Office Address:	AUG AUG
	Enter Florida street address
	, Florida
	Ciry Zip Code
New Registered Agent's Signature, if changing Registered	l Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with tomplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOHN T D'ORAZIO	54 W 40TH ST	■ Add
		NEW YORK, NY 10018 US	□ Remove
			Change
			
			☐ Remove
			Change
			Add
			Remove
			Change
			
			☐ Remove
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			Change

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tive date, if other than the date of filing: [fective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 60
If the date inserted in this block does not meet the applicable statutory nent's effective date on the Department of State's records.	
in a seriective date on the Department of State 5 records.	
cord specifies a delayed effective date, but not an effect e 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli
8-16-2017	
,	
Signature of a member or authorized represen	
	ntative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00