L17000248582

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SECRETARY OF STATE TALLAHASSEE, FLORID,

COVER LETTER

TO: Registration Section Division of Corpora	
	Pour 4 LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of Amo	endment and fee(s) are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
	Mayme Behr Name of Person
-	Name of Person
	POUV A ULC Firm/Company
-	Firm/Company
	589 Stonebnar Dr SE
-	Address
	Palm Bay, FL 32909 City/State and Zip Code
•	City/State and Zip Code
	mayne behr@ yahoo.com
_	E-mail address: (to be used for future annual report notification)
For further information conce	erning this matter, please call:
Mayhe B Name of Per	och v at (702) 713-2850 Area Code Daytime Telephone Number
Name of Per	Son Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
■ \$25.00 Filing Fee □	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Pour 4	LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Complete Horida document number <u>L1700024858</u> 2	pany were filed on Dec 5, 201	and assigned
Florida document number <u>L177700545555</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "ELC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEC ALL
(Principal office address MUST BE A STREET ADDRES.	<u></u>	FEB AF
		-5 -5
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		75
		7-1-1-7-
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r the name of the nev
	-	
Name of New Registered Agent:		
New Registered Office Address:		<u>,</u>
	Enter Florida street address	
	, Florida	Zip Code
	City	zīp Coae

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	tive date on the				ny tinig reddi	rements, ans da	ate will not be	nstett
	cifies a delay y after the r			not an effe	ctive time, a	at 12:01 a.n	n. on the ea	arlier (
The 90th da	ruany (30	201	8				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00