## 117000257302

(Requ	iestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nai	me)
(Docu	ıment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
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Office Use Only



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## **COVER LETTER**

FACSAN UBJECT:			
Obstrett.	Name of Lim	ited Liability Company	<del></del>
he enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
ease return all corresp	oondence concerning this matter	to the following:	
	SIMON GABRIEL NIME	S / CASSA REALTY GROUP	
		Name of Person	
	N/A		
	<del></del>	Firm/Company	<del></del>
	1320 STIRLING RD. SUI	TE 9B	
		Address	
	DANIA BEACH, FL 3300	)4	
		City/State and Zip Code	
	CASSAREALTY@GMAII	L.COM to be used for future annual report notif	(cution)
or further information	concerning this matter, please c	-	eartony
SIMON GABRIEL NI	MES	786 973-4057	
Name	of Person		: Telephone Number
nclosed is a check for	the 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 tadditional copy is enclose.

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

FACSAN LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) ad Liability Company)	
he Articles of Organization for this Limited Liability Compa forida document number <u>L17000257302</u> .	ny were filed on DECEMBER 18, 201	7 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
IV 48 LLC		
ne new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	the abbreviation "L.I.,C."
nter new principal offices address, if applicable:	1320 STIRLING RD. SUITE 9B	
Principal office address MUST BE A STREET ADDRESS)	DANIA BEACH, FL 33004	-
		36
nter new mailing address, if applicable:	1320 STIRLING RD, SUITE 9B	And the second
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	DANIA BEACH, FL 33004	
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
Alu		
• •	City	Zîp 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 =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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m effect <u>ote:</u> If	tive date is listed, the dat the date inserted in th	te must be specific a nis block does no	ind cannot be prior to t meet the applicab	date of filing or more to le statutory filing re	than 90 days after quirements, this	tiling.) Pu date will	Suant to not be	605.020 listed a
cumen	nt's effective date on t	the Department o	f State's records.					
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ited	1AY 22		2018	. //	7			
		Signature of	a member or authoriz	zoo representative of a	member	<u> </u>	<u> </u>	-
	SIMON GABRIEI		•				7	energy.
			Typed or printed:	name of signee	.=	<u> </u>	(4) (2)	- E
			Page 3	of 3		0 IA 0 KI	ؽ	, i
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Filing Fee: \$25.00