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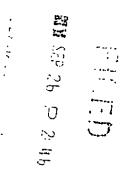
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COVER LETTER

TO:

TO: Registration S Division of Co			
Adelphia -	4,LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	f Amendment and fee(s) are sub	_	
Please return all corresp	Norman B. Krone, Esq	to the following:	
		Name of Person	
	The Krone Law Firm, LLC	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Firm/Company	
	100 Main St. Suite 200		26
		Address	
	Safety Harbor, FL 34695		는 100 년 전
	nbkrone@kronelawfirm.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report to	otification)
Norman B. Krone	concerning this matter, please c	727 216-6977	
	<u> </u>	at ()	
Name	of Person	Area Code Dayt	ine Telephone Number
Enclosed 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 (additional copy is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive (Tallahassee, FL	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adelphia 4,LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on o nited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{08/28//20}{1}$	018	_ and assigned
Florida document number L18000206080			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
Adelphia 4, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:			19
(Principal office address MUST BE A STREET ADDRES	 :S)		ing 4)
	<u> </u>		13 11
			2. 2.2
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			က္ 😁
			<u></u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet 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 = Authorized Member **Title** Address Type of Action <u>Name</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add E∰ ☐ Remove . . ; Change DbAֻ□ ر ___ Remove ☐ Change bbA □ □ Remove _□ Change _□ Add

_□ Remove

_ Change

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ffective date, if other than the date of filing:	(ontional)
an effective date is listed, the date must be specific and cannot be prior to exore:  If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.0207
ocument's effective date on the Department of State's records.	ie statutory ming requirements, tins trate win not be fisied as
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e record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
September 25, 2018	
Dated Control 22.	
	. <b>A</b>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00