Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6393

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF.& SITTERSON

Account Number : 120060000135 : (305)789-3200 Phone : (305)789-4137 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 908 AFFORDABLE DEVELOPER IV, LLC

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Corporate Filing Menu

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T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	# L E D
OPER TO DESCRIPTION OF THE STATE OF THE STAT	
908 AFFORDABLE DEVELOPER IV, LLC (Name of the Limited Liability Con (A Florida Limit	ngany as it now appears on our records.) red Liability Company) 2114 UL 21 P 13: 32
The Articles of Organization for this Limited Liability Comp. Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
908 AFFORDABLE IV DEVELOPER, LLC The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation (EDC) of all library
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	5)
·	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, enter the name of the ners s here:
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:

ţ.

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

	ICEOPTE ATEMPER	Address	Type of Action
Title MGR	<u>Name</u> WILSON AH INTERESTS, LLC	2209 E 7TH AVE	□ Add
		STE C	Remove
		TAMPA, FL 33605	☐ Change
			☐ Add
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the reco	rd specifies a d Oth day after t	lelayed effect he record is	tive date, bu filed.	ut not an effe	ctive time, at	12:01 a.m. o	n the earlier of
Dated _	october 17		, 2019	·			
		Signati	ire of a member	or authorized repr	sentative of a mem	ber	

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