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C. GOLDEN MAR - 6 2019

## **COVER LETTER**

Div	ision of Corp	porations		
SHRIFCT:		GEM4 L.L.C.		
sobject.		Name of Limi	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspoi	ndence concerning this matter t	to the following:	
		MARSHA SIHA		
The enclosed Articles of Amendment and fee(s) are submitted for filling.  Please return all correspondence concerning this matter to the following:  MARSHA SIHA  Name of Person  INCFILE.COM LLC  Firm/Company  17350 STATE HWY 249 STE 220  Address  HOUNTON, TX 77064  City/State and Zip Code  EFILE1234@INCFILE.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MARSHA SIHA  Name of Person  RESS 829-9090  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:				
		INCFILE.COM LLC		
		<del></del>	Firm/Company	<del></del>
		17350 STATE HWY 249 S	STE 220	
		-	Address	
		HOUSTON, TX 77064		
		EFILE1234@INCFILE.COM		
		E-mail address: (t	o be used for future annual report notifica-	ation)
For further in	nformation co	oncerning this matter, please ca	ill:	
MARSHA S	SIHA			
	Name of	Person	Area Code Daytime T	l'elephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 I	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)

TO:

**Registration Section** 

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**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

FILED

LWCOTTAGEM4 L.L.C.

2019 FEB 26 AM !!: 24

· · ·	( <u>Name of the Limited Lia</u> (A Flo	orida Limited Liabilit	i <u>t now appears on o</u> (y Company)	ur recorus.)	AnASSEE, FI
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:			filed on <u>02/04/20</u>		· •
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	This amendment is submitted to amend the following	<u>:</u> :			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	A. If amending name, <u>enter the new name of the l</u>	limited liability o	company here:		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	The new name must be distinguishable and contain the words "	Limited Liability Co	ompany," the designa	tion "LLC" or the al	breviation "L.L.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter new principal offices address, if applicable:	_		-	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Principal office address MUST BE A STREET AD	<u>DDRESS)</u>			
Name of New Registered Agent:  New Registered Office Address:	N.F	<u> </u>			
New Registered Office Address:			address on our	records, enter	the name of the
	Name of New Registered Agent:			<del></del> .	
mproperty a real name transfer and a decimal service	New Registered Office Address:	<del></del>	Enter Florida str	reet address	
, Florida, Zip Code	<del></del>		 City	, Florida	Zip Code

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, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MATTHEW SMOCOVICH	1340 NW 3RD AVE	
		DELRAY BEACH, FL 33444	
			Remove
			Change
		<del> </del>	□ Remove
			Change
			Add
			☐ Remove
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Effective date, if other than the Tan effective date is listed, the date mu Note: If the date inserted in this bidocument's effective date on the D	st be specific and cannot be prior lock does not meet the applic	able statutory filing requir		
ne record specifies a delayed The 90th day after the rec		ot an effective time, a	it 12:01 a.m. on the earli	er of:
Dated FEBRUARY 15	. 2019			
<u>Laurie</u> S	mocovich Signature of a member or auth	national and a 18 to 18	-1	

Page 3 of 3

Filing Fee: \$25.00