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## COVER LETTER

| TO:       | Registration S<br>Division of Co      |   | *   | •   |  |  |
|-----------|---------------------------------------|---|---|---|--|--|
| CHDICA    | OSCEOLA-KISSIMMEE DEVELOPMENT IV, LLC |   |   |   |  |  |
| SUBJE     | CI;                                   |   | ited Liability Company  |   |  |  |
| The enc   | losed Articles o                      | f Amendment and fce(s) are sub                  | mitted for filing.  |   |  |  |
| Please re | eturn all corresp                     | ondence concerning this matter                  | to the following:   |   |  |  |
|           |                                       | Stephen V. Hoffman                              |   |   |  |  |
|           |                                       |   | Name of Person  |   |  |  |
|           | Hackleman, Olive & Judd, P.A.         |   |   |   |  |  |
|           | Firm/Company                          |   |   |   |  |  |
|           |                                       |   |   |   |  |  |
| Address   |                                       |   |   | <del></del>   |  |  |
|           | Fort Lauderdale, Florida 33301        |   |   |   |  |  |
|           | City/State and Zip Code               |   |   |   |  |  |
|           |                                       | shoffman@hojlaw.com                             |   |   |  |  |
|           |                                       | E-mail address: (t                              | to be used for future annual report notif                                 | ication)  |  |  |
| For furtl | her information                       | concerning this matter, please ca               | all:  |   |  |  |
| Stepher   | Hoffman                               |   | 954 334-2250<br>at ()   |   |  |  |
|           | Name                                  | of Person                                       | Area Code Daytime   | e Telephone Number  |  |  |
| Enclose   | d is a check for                      | the following amount:                           |   |   |  |  |
| \$25      | .00 Filing Fee                        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| OSCEOLA-KISSIMMEE DEVELOPMENT  | • • • • •   |  |
|--|---|--|
| ( <u>Name of the Limited Liabil</u><br>(A Florid   | ity Company as it now appears on our records.) a Limited Liability Company) |  |
| The Articles of Organization for this Limited Liability (  | Company were filed on March 21, 2019  | and assigned                           |
| Florida document number L19000079797   |   |  |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the lim   | nited liability company here:   |  |
| The new name must be distinguishable and contain the words "Lin                                  | nited Liability Company," the designation "LLC" or the                      | ne abbreviation 191C."                 |
| Enter new principal offices address, if applicable:  |   | SA ET                                  |
| Principal office address MUST BE A STREET ADD  | RESS)   | 15 TO TO                               |
| Enter new mailing address, if applicable:  | <del></del>   | H 6: 3                                 |
| Mailing address MAY BE A POST OFFICE BOX)  |   | ······································ |
| 3. If amending the registered agent and/or registered agent and/or the new registered office add |   | ter the name of the n                  |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   | Enter Florida street address  |  |
|  | Florido   |  |
|  | , Florida   | 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

| <u>Title</u> | <u>Name</u>       | Address  | Type of Action |
|--------------|-------------------|--|----------------|
| MGR          | Richard Wohlfarth | 246 N. Westmonte Drive<br>Altamonte Springs, FL 32714          |                |
|              |                   |  | ■ Remove       |
|              |                   |  | Change         |
| MGR          | Stephen Hoffman   | 2426 East Las Olas Boulevard<br>Fort Lauderdale, Florida 33301 | Add            |
|              |                   |  | Remove         |
|              |                   |  | Change         |
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| CURCIA              | 's effective date on the Department of State's needs.  |
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