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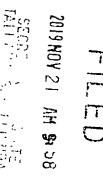
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(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

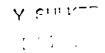
Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: INVERTICES D'Ilage Four LL'C Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ARRIVIEM
Gibraltar Recht Group LCC
1215 ORGNGPAUR, SUITP1500
DILLADO, FL 32801 City/State and Zip Code
City/State and Zip Code Vick D. Gibraltarreal Lip Group P. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
H-RRIJIENO at (407, 924 8866 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$\$\$ Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Inverness	Illage Four Lic
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	ility Company were filed on 9 13 2019 and assigned
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	<u> </u>
	As 20
B. If amending the registered agent and/or	registered office address on our records, enter the name of the new
registered agent and/or the new registered offic	e address here:
Name of New Registered Agent:	→ → → → → → → → → →
New Registered Office Address:	<u> </u>
	Enter Florida street address

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 = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Pres	Var Usen, Anton	48495. Amsteldr	
		Homosassa, FC3444	Remove
			Change
UP	Gibraltar Realty 6	1splc.	
		1215 ORANGE A JESUlta	15 00 Remove
		br/ardo, Fe 3280	☐ Change
Manager	Gibraltar Realty Group	1215. Drange Ave, Sviking Orlando, Fr 32801	0 Quadd
		Orlando, Fe 32801	□ Remove
			Change
			🗆 Add
			□ Remove
			🗆 Change
		···	
			🗆 Remove
			□ Change
		-	□ Remove
			☐ Change

). If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/18/19
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00