# 120000049101

	]
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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### COVER LETTER

TO: Registration S Division of Co		•	
SUBJECT:	NPR4 L.L.	.C ,	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
		hn Løder Name of Person	
		Firm/Company	<del>,</del>
	2840 West	Bay Drije #103	<del></del>
	Bolleair Bluf	(s FL 33770 City/State and Zip Code	
		OUTLOOK, COM to be used for future annual report notif	
For further information	concerning this matter, please co	all:	
John Name	Loder	at (737-) 213 - Area Code Daytime	- 3840 e 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)
	Section Corporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 63	21	The Centre of T	allahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NPR 4 L				
(Name of the Limited Liability (A Florida L.)	Company as it now appears on our records.) imited Liability Company)			
The Articles of Organization for this Limited Liability Con Florida document number <u>L20000</u> 44101	npany were filed on <u>〇ネ 日本人</u>	<u>₹</u> 0	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbrev	iation "l.	.,L.C."
Enter new principal offices address, if applicable:		<del></del>		
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>			
			<del></del>	<del></del>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the	name of	the pe	w registered
Name of New Registered Agent:				- <del></del>
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·	£.;	D
			ر . د	
<del></del>	, Florid		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
NGR	John Loder	Jirdian Rock's Boarch, FL 33785	ZAdd
	Indian Roots Board, FL 33785	 O □Remove	
			□Change
			□ Add
			□Remove
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		□Add	
			□Change

## Page 2 of 3

). нап	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d 03/10/20
	Signature of a member or authorized representative of a member
	John Loder
	Typed or printed name of signee