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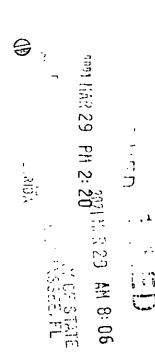
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ARTIGLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOUR L OPERATING, LLC

(Name of the Limited)	Liability Compa Florida Limited I	ny as it now appears on a Liability Company)	<u>our records.</u>)		
The Articles of Organization for this Limited Lial Florida document number	bility Company 	were filed on <u>Marc</u>	:h 24, 2021	and assigne	ed.
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liabil	lity Company," the design	ation "LLC" or the abbr	eviation "L.L.C.	
Enter new principal offices address, if applicable:		c/o Southpac Trust Nevis Limited			
	pal office address MUST BE A STREET ADDRESS) Hunkins Plaza, Suite 22		Suite 22		
	_	Chalestown, Ne	vis, West Indies		
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			,	
B. If amending the registered agent and/or rep	rictored office	address on our recor	de enter the name	of the new re	, istorov
agent and/or the new registered office address	here:	duress on our recor	us, enter the name	# 8: O)
Name of New Registered Agent:	N/A			4 6	
New Registered Office Address:					
		Enter Florida st	reet address		
		411	Florida		
Non-Bosinson d.A. and Circ. Ann. (Col. and D.		City		Zip Code	
New Registered Agent's Signature, if changing Real hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been not	agent and agr and complete ered agent as p	performance of my oprovided for in Chap	duties, and I am fai nter 605, F.S. Or, if	miliar with ai Tthis documer	nd

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
N/A			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
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			□Remove
			Change
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			□Remove
			□ Change

N	/ A
-	
ective	date, if other than the date of filing: N/A (optional)
nettecti ite: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cument	's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	· · · · · · · · · · · · · · · · · · ·
ted	March 2-7 2021
	· / ·
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00