

5/17/22, 6:08 PM

Division of Corporations

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Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L21000167748**

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : VENERABLE CORPORATE AND TRUST SERVICES, LLC  
 Account Number : I20210000107  
 Phone : (813)284-4727  
 Fax Number : (813)436-8460

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jsampson@venerable.law

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 SIGNED, SEALED, & NOTARIZED LLC**

Certificate of Status	0
Certified Copy	0
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**COVER LETTER**

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TO: Registration Section  
Division of Corporations

SUBJECT: SIGNED, SEALED, & NOTARIZED, LLC

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:

JASON SAMPSON

Name of Person

VENERABLE CORPORATE AND TRUST SERVICES, LLC

Firm/Company

301 WEST PLATT STREET, NO. 657

Address

TAMPA, FLORIDA 33606

City/State and Zip Code

jsampson@venerable.law

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON SAMPSON

813 284-4727  
at ( )  
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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SIGNED, SEALED, &amp; NOTARIZED, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 12, 2021 and assigned  
Florida document number 121000167748.

This amendment is submitted to amend the following:

**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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

301 WEST PLATT STREET, NO. 657

TAMPA, FLORIDA 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 WEST PLATT STREET, NO. 657

TAMPA, FLORIDA 33606

**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 office address here:**

Name of New Registered Agent:

VENERABLE CORPORATE AND TRUST SERVICES, LLC

New Registered Office Address:

301 WEST PLATT STREET, NO. 657

*Enter Florida street address*

TAMPA

*City*

Florida 33606

*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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	C4V 411, LLC	3690 W. GANDY BLVD #448	<input type="checkbox"/> Add
		TAMPA, FL 33611	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	C4V 411, LLC	530-B HARKLE ROAD, STE 100	<input checked="" type="checkbox"/> Add
		SANTA FE, NM 87505	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated May 17, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**

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