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## **COVER LETTER**

Division of Corporations

TO:

Registration Section

SUBJECT:	SORRE	NTO IV LLC				
SUBJECT:	Name of Lim	nited Liability Company		•		
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.				
Please return all correspor	idence concerning this matter	to the following:				
	Javier Markow	ricz				
		Name of Person				
	Markowicz Inte	emational Law Co				
	Markowicz International Law Co  Firm/Company  2999 NE 191 St. Suite 702.  Address  Aventura, Florida, 33180  City/State and Zip Code jmarkowicz@mrkinternationallaw.com  E-mail address: (to be used for future annual report notification)  neerning this matter, please call:  786 371-1295  at (					
	2999 NE 191 St. St	nite 702,				
		Address		— (1)	26	
	Aventura, Florida,	33180		ECRE	2022 NOV -8	ve a ce
		City/State and Zip Code				1 to
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	E-mail address: (	to be used for future annual report notif	fication)	ការ៉ាត់ ការ	10:4 PM	, ma
For further information co	ncerning this matter, please c	all:		声量	0:1	-
Javier Markowicz				1.13	_	
Name of	Person	Area Code Daytime	er	-		
Enclosed is a check for the	e following amount:					
\$25.00 Filing Fee	<del>-</del>	Certified Copy	Certific Certific	ate of St	atus &	
Mailing Address Registration S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations		porations allahassee	810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SORRENTO IV LLC			
ity Company as it now appea a Limited Liability Company)	irs on our records.)		
Company were filed on	04/28/2021	and as	signed
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nited Liability Company," the	designation "LLC" or	the abbreviation "L	.L.C."
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d office address on our	records, enter the	A Section 19	w-register
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	ity Company as it now appear a Limited Liability Company)  Company were filed on  ited liability company has it to be a company were filed on  ited liability Company." the RESS)  d office address on our  Enter Fla	ited liability Company here:  ited liability Company here:  ited liability Company here:  ited Liability Company," the designation "LLC" or RESS)  ### Enter Florida street address  ### Florida street address  Florida Florida street address  #### Florida street address	d office address on our records, enter the name of the ne

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
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ote: If the d	e, if other than the ate is listed, the date must late inserted in this bl ffective date on the D	ock does not n	neet the applic	able statutor	ng or more than ry filing requi	(optio 90 days after f ements, this	nal) iling.) Pur date will	suant to (	505.020 isted a
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ated	November 4		2022		K W				
ated				~    <i>\umberli</i>	1/4				
		Signature of a	member or auth	orized represy	ntative of a mo	mber	<del>.</del>		