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(Re	questor's Name)	
Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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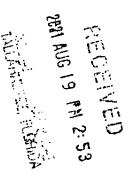


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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LQ INVESTMENTS PORTFOLIO IV, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	✓ Photo Copy
	Certificate of Good Standing
	✓ Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by: BA	UCC or 3 File
08/19/21	UCC 11 Search
Name Date Time	UCC Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

 $\mathcal{L}_{i} = \{\mathcal{L}_{i}, \dots, \mathcal{L}_{i}\}$

Tallahassee, FL 32314

TO: Registration S Division of Co	ection rporations		
	ments Portfolio IV, LLC		
	Name of Lir	nued Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
	ondence concerning this matter		
	Brent A. Friedman		
		Name of Person	
	Brent A. Friedman, PA		
Firm-Company			
	78 SW 7th Street, 8th Floo	or	
		Address	
	Miami, Florida		
		City/State and Zip Code	
	brent@brentafriedman.com		
For further information c	oncerning this matter, please c	to be used for future annual report not all:	lication)
Brent A. Friedman		305 562-6800	
Name o	f Person	at () Area Code Daytim	e Telephone Number
inclosed is a check for th	ne 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)
Mailing Addres	<u>x:</u>	Street Address:	
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

LQ Investments Portfolio IV, LLC (Name of the Limited Liability Company (A Florida Limited The Articles of Organization for this Limited Liability Company)	ORGANIZATION OF	
LQ Investments Portfolio IV, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 3, 2021	and assigned
Florida document number 1.21006205570		₹ ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Etabi	lity Company," the designation "LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:	15495 Eagle Nest Lane	
(Principal office address MUST BE A STREET ADDRESS)	Miami Lakes, Florida 33014	
		
Enter new mailing address, if applicable:	15495 Hagle Nest Lane	
(Mailing address MAY BE A POST OFFICE BOX)	Miami Lakes, Florida 33014	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of</u>	the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida Z	In Cada
New Registered Agent's Signature, if changing Registered Agent:		a Chac
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	vee to act in this capacity. I further agree to performance of my duties, and I am familiprovided for in Chapter 605, F.S. Or, if th	liar with and iis document is
If Char	nging Registered Agent, Signature of New Register	ed 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	Membe:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Effective date, if other than the liften effective date is listed, the date in Note: If the date inserted in this document's effective date on the	over does not meet the applicable sulfittery in	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (ling requirements, this date will not be fisted as t
record specifies a delayed effected is filed.	tive date, but not an effective time, at 12:01 a.n	n, on the earlier of: (b) The 90th day after the
ou is likeu.		
August 16	. 21	
August 16	. 21	
August 16 Dated	Signature of a member or authorized representati	ve of a member

Filing Fee: \$25.00