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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SKERIC INVESTMENS IV LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
PORD-BOB) SKORIC Name of Person	
SKORIC INVESTMENS IV, LLC Firm/Company	
760 US HWY 1, STE 200	
NORTH PALM BOTH CH FL 33408 City/State and Zip Code	
BSKORIC D MSN. COM	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
BOB SKORIC al (248) 961-4329	O
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SKORIC INVESTMENS IV, 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 Florida document number L2100315522	were filed on July 9 - 202 and assigned	
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 Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1760 US HWY 1, STE 200 NORTH PARM BEACH, FL 33408	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	760 US HWY 1, STE 200 MORTH FARM BEACH, FL 3340B USA	
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: New Registered Office Address: NOTE: 1	PALM BACK Florida Sign Code	
New Registered Agent's Signature, if changing Registered Agent:		
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.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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

Title Name Address Type of Action SANOTA MARKS 760 USHWY 1 STE 200 DAdd PARM BPACH FL XRemove 760 US HWY 1 , STE XAdd BOBO SKORIC MGR NORTH FALL BEACH FL DRemove 33408__ Change USA □Add _____ □Remove _____ □Change ()Remove □ Change \square Add □ Remove _____ □Change $\square \land dd$ □Remove