

h21 000399268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

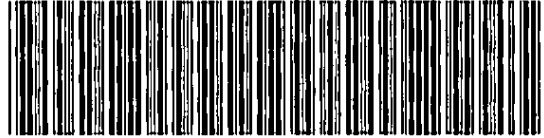
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
22 MAY -9 AM 10:54

T. MATTHEWS

JUL -5 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FG-4 MIAMI 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:

Tomas Diaz-Marin

\_\_\_\_\_  
Name of Person

Anderson Business Advisors

\_\_\_\_\_  
Firm/Company

3225 McLeod Dr, Ste 100

\_\_\_\_\_  
Address

Las Vegas, NV 89121

\_\_\_\_\_  
City/State and Zip Code

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Tomas Diaz-Marin

800 706-4741  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

DR. JAMES H. HARRIS  
22 MAY -9 AM 10:54

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

## Zip Code

**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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rodney Burton	3225 McLeod Dr, Ste 100	<input type="checkbox"/> Add
		Las Vegas, NV 89121	<input checked="" type="checkbox"/> Remove
		USA	<input type="checkbox"/> Change
AMBR	The Cache Trust, Dated April 14, 2022	3225 McLeod Dr, Ste 100	<input checked="" type="checkbox"/> Add
		Las Vegas, NV 89121	<input type="checkbox"/> Remove
		USA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

Typed or printed name of signee