

121000501445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

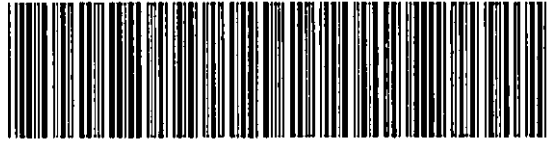
(Document Number)

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FILED

2022 MAR - 7 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FL

Amend

MAR 07 2022

1 ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UTOPIA IV 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:

CHRIS NANTISTA  
Name of Person

UTOPIA IV LLC  
Firm/Company

1049 EDEN ISLE DR NE  
Address

ST PETERSBURG, FL 33704  
City/State and Zip Code

CHRISN@CFLINVESTMENTS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS NANTISTA at (614) 439-7980  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                        |                                                                                                  |                                                                                                                            |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input 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



RECEIVED

2022 MAR -7 PM 12:11  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
SECRETARY OF STATE  
TALLAHASSEE, FL

February 22, 2022

CHRISTOPHER NANTISTA  
1049 EDEN ISLE DR NE  
ST. PETERSBURG, FL 33704

SUBJECT: UTOPIA IV LLC  
Ref. Number: L21000501445

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the new information in the spaces provided in part 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist III

Letter Number: 422A00004384

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

UTOPIA IV LLC

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

FILED  
2022 MAR -7 PM 3:15  
CLERK OF CIRCUIT  
TALLAHASSEE FL

The Articles of Organization for this Limited Liability Company were filed on 11/22/21 and assigned  
Florida document number L21000501445.

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)

1049 EDEN ISLE DR NE  
ST PETERSBURG, FL 33704

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1049 EDEN ISLE DR NE  
ST PETERSBURG, FL 33704

**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:

Enter Florida street address

Florida

City

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

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>
<del>MGR</del> <del>AMBR</del>	CHRIS NANTISTA	1049 EDEN ISLE DR NE	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33704	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR <del>AMBR</del>	DANIEL MCCABE	13701 W. Jewell Ave	<input type="checkbox"/> Add
		Suite 200-28	<input checked="" type="checkbox"/> Remove
		LAKEWOOD, CO 80228	<input type="checkbox"/> Change
MGR	ANDREW MCCABE	ANDREW MCCABE	<input type="checkbox"/> Add
		13701 W. Jewell Ave #200-28	<input type="checkbox"/> Remove
		LAKEWOOD, CO 80228	<input type="checkbox"/> Change
MGR	Scott Rodli	13701 W. Jewell Ave	<input type="checkbox"/> Add
		Suite 200-28	<input checked="" type="checkbox"/> Remove
		LAKEWOOD, CO 80228	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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)

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 2-28, 2022

Signature of a member or authorized representative of a member

CHRIS NANTISTA

Typed or printed name of signee

**Filing Fee: \$25.00**