Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA

Account Number : I19980000066 : (813)258-1177 Phone : (813)259-1106 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SCHOPONEY HEALTHEDGE FUND IV, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	ration Sector on of Corp			
elible <i>c</i> r.	So	choponcy Healthedge Fund IV.	, LLC	
SUBJECT:	<u> </u>	Name of Limit	ed Liability Company	
The enclosed A	rticles of A	mendment and fee(s) are subm	nitted for filing.	
Please return al	l correspon	dence concerning this matter to	o the following:	
		Lisa H. Wilke	erson, Esquire	
			Name of Person	
		Hendee, McK	ernan, Schroeder, Wilker	son & Hendee, P.A.
			Firm/Company	
		1700 S. Mac	Dill Avenue, Suite 200	
			Address	
		Tampa, Flori		
			City/State and Zip Code	
		ibeattie@hen	declaw.com o be used for future annual r	eport notification)
				,
For further int	ormation co	oncerning this matter, please ca	111.	
Lisa H.	Wilkerson,	Esquire	at ()	258-1177
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for th	e following amount:		
[3 5 25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
Reg Div P.O	. Box 632	Section Corporations	Divisio The Ce	Idress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Schoponey Healthedge Fund IV, LLC			
(<u>Name of the Limited Liubility Compar</u> (A Florida Limited I.	ny as it now upper	ars on our records.)	
			Į.
The Articles of Organization for this Limited Liability Company	were filed on _	December 14, 2021	and assigned
Florida document number <u>L21000524713</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company l	here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the name	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
Non Registered States	Enter F	lorida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>		
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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in the e performance provided for it	of my auties, and 1 am f n Chapter 605, F.S. Or,	if this document is
If Cha	anging Registered	Agent, Signature of New Re	gistered 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
MGR	1 Lowry Baldwin	P. O. Box 23787, Tampa, Florida 33623	
			□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			Remove
			Change
			□Add
			□Remove
			Change

D.

). If amendi 	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		-
(If an effecti	date, if other than the date of filing:	5.0207 (3)(b) ted as the
f the record s ecord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er the
Dated	December 20 . 2021	
	Signature of a member of nuthorized representative of a member Lisa II. Wilkerson, Esquire	
	Typed or printed name of signee	

Filing Fee: \$25.00