Florida Department of State

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To:	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I1999000006 Phone : (407)425-7010 : (407)425-2747 Fax Number

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

Email	Address:	corporate@zkslawfirm.com	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WHFT AFFORDABLE IV GP, LLC

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COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		• • •			
eun iez		ORDABLE IV, GP, LLC					
SUBJEC	(. 1 : <u></u>	Name of Limi	ted Liability Company				
		Amendment and fee(s) are subt					
Please re	eturn all correspoi	ndence concerning this matter t	to the following.				
		N. DWAYNE GRAY, JR.,					
		A	Name of Person				
		ZIMMERMAN, KISER &					
			Firm/Company				
		315 E. ROBINSON STRE	ET, SUITE 600				
	Address						
		ORLANDO, FLORIDA 37	2801				
		V - CO I - N/2000540 CH/CT	City/State and Zip Code				
		JLAGMAY@WENDCIVES E-mail address: ()	to be used for future annual report notific	cation)			
For first	her information c	oncerning this matter, please or	all:				
JESSIC	A SNYDER, CO	RPORATE PARALEGAL	407 425-7010 at ()				
	Name o	l Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	se following amount:					
篇 \$25	.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (admitted copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres Registration 5		Street Address: Registration Section of Corp.				

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

WHEN AFFORDABLEAY, GF. IZ		A				
(Napre ni Die Limit	ed Clabilety Campa (N Florida Loveled I	ny as dinamakanena sana Pabelay Company)	n propisto)			
The Ameles of Organization for this United Li Plorids document number <u>1.22064004</u> 637		were filed on	VV 3, 2922	mei 8	ssigned	
This amondment is submitted to meend the follo	wing.					
A. If amending name, enjoy the ness name of	(the limited liab	ilisy somanny deve:				
The pass name out to be distinguishable and tomain the se	ords "Limited Liebil	sty Company). The designat	ion tile? or the 166	esnalen Eg	2022	***************************************
Enter new principal offices address, if applic	able:				≥	
(Principal office address MUST BE A STREET ADDRESS)						
				<u>1.</u>	P	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	***************************************				
B. If amending the registered agent and/or rangest and/or the new registered office address	egistered office (sk herg:	eddress on our record	is, <u>cater the nowi</u> s	of the n	223. YOU	i <u>stered</u>
Nume of New Registered Apont	RESECCARE	RODEN		·····		
No in the interest (NES) in Andrewers	ZIST/ EOLA	ORIVE .				
New Registress Office Address		Çurçe Ftorblee su	est tolines			
	ORLANDO		, Elurida <u>278</u>	01	· · · · · · · · · · · · · · · · · · ·	····
		Cary		214 1200	k.	

New Registered Acoust'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 groper 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 603, 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 Champing 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	<u>Name</u>	Address	Type of Action
MBR	JONATHAN AND NANCY WOLF FAMILY TRUST I, DYD 8/6/2018	1105 Kensington Park Drive, Suite 200	□ Add
		Altamonte Springs, FL 32714	BIRentove
MBR	JONATHAN AND NANCY WOLF FAMILY TRUST II, DTD 3/26/2022	1105 Kensington Park Drive, Suite 200	≅Add
		Altamonte Springs, FL 32714	□Remove
			Change
			DAdd
			□ Remove
			Change
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e record rd is file	i 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 ed.
	OAL 2022
Dated ;	2022
	Signature of a member or authorized representative of a member

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