

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200404397522

5/5/23 VW

2023 MAR 17 AM 8: 32 SECNERARY OF STATE

FILED

## **COVER LETTER**

TO: Registration Sect Division of Corpo						
FF SPV Fund 4 LLC						
SUBJECT: Name of Limited Liability Company						
	mendment and fee(s) are sub-					
	Kristen					
Florida Funders, LLC						
1311 N. Westshore Blud. St. 101						
		City/State and Zip Code  VICA FUNDENS  to be used for future annual report notif				
For further information concerning this matter, please call:						
Kristen A Name of P	Kristen AKel at (813) 5081023  Name of Person at (813) Daytime Telephone Number					
Enclosed is a check for the	following amount:					
≯\$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address:		Street Address:				

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

ow appears on our records.)	<del></del>
ed on 10/17/2022	and assigned
ipany here:	
any," the designation "LLC" or the abbre	viation "L.L.C."
S	2023
50	<u> </u>
-1	<del>*</del> <del>1</del>
<u> </u>	7
15.7°	177
	X
75	**
	32
on our records, <u>enter the name o</u>	f the new regist
-	
Enter Florida street address	
F71! .d _	
	Zip Code
1	ipany here:  Iny," the designation "LLC" or the abbre  Solution of the designation

## 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>	Address	Type of Action
			DAdd
			□Remove
			□ Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□ Change
			□Remove
			Chause

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_ (optional)

(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Tom wallale
Typed or printed name of signee

,

Filing Fee: \$25.00