



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I2016000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

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MAY -9 PM 4:16  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
OSPREY INCOME FUND 4 LIV WILDWOOD, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
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2023 MAY -9 AM 10:48

**COVER LETTER**

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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** OSPREY INCOME FUND 4 LIV WILDWOOD, 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:

Adrienne DeBonis  
Name of Person

Backstreets Capital, LLC  
Firm/Company

248 Mirror Lake Drive N.  
Address

St. Petersburg, FL 33701  
City/State and Zip Code

adrienne.debonis@backstreetscapital.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrienne DeBonis at ( 813 ) 789-7331  
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



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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

