

L230000 12132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

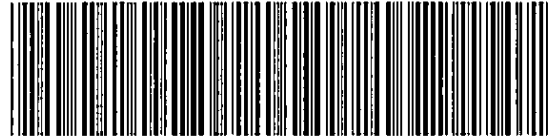
(Business Entity Name)

(Document Number)

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FILED

A. RIVERS

MAY - 8 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JP IV PRO LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDITH PETERS  
Name of Person

JP IV PRO LLC  
Firm/Company

20240 NW 3<sup>RD</sup> COURT  
Address

MIAMI GARDENS FL 33169  
City/State and Zip Code

Churchmom01@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUDITH PETERS at ( 305 ) 332-4983  
Name of Person Area Code Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JP IV Pro LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/05/2023 and assigned Florida document number L23000012132.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JP Mobile IV PRO LLC

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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>                      |
|--------------|---------------|---------------------------------------------|--------------------------------------------|
| MGR          | WESSEL PETERS | 20240 NW 3 <sup>RD</sup> CT. MIAMI FL 33169 | <input checked="" type="checkbox"/> Add    |
|              |               |                                             | <input type="checkbox"/> Remove            |
|              |               |                                             | <input type="checkbox"/> Change            |
| AMBR         | WESSEL PETERS | 20240 NW 3 <sup>RD</sup> CT. MIAMI FL 33169 | <input type="checkbox"/> Add               |
|              |               |                                             | <input checked="" type="checkbox"/> Remove |
|              |               |                                             | <input type="checkbox"/> Change            |
|              |               |                                             | <input type="checkbox"/> Add               |
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|              |               |                                             | <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.

Signature of a member or authorized representative of a member

JUDITH PETERS  
Typed or printed name of signee