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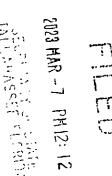
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A. RIVERS MAY - 8 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JP IV PRO LLC Name of Limited Liab	
Name of Limited Liab	oility Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filin	ត៌.
Please return all correspondence concerning this matter to the following	g:
JUDITH PETERS Name of Person	-
JP IV PRO LLC Firm/Company	_
20240 NW 3RD COURT	_
MIAMI GARDENS FL 33169 City/State and Zip Code	
Church mom Olegmail. Com E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
JUDITI1PETERSat (305Name of PersonArea Code	Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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:	
S25 Filing Fee S30 Filing Fee S S55 Filing Fee S Certificate of Status Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JP IV PRO	hhC		
(<u>Name of the Limited Li</u> (A F)	ability Company as it now appears of orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili	·	05/2023	and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	110		
The new name must be distinguishable and contain the words	"Limited Liability Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	·		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>	9 9	PROS HAR
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our reco re:	ords, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			57 N
New Registered Office Address:	Enter Florido	ı street address	
<u> </u>		Florida	
	Сііу		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>	Address	Type of Action
MGR	WESSEL PETERS	20240 NW 300T. HIAMI FL 3316	¶ ⊠Add
			_ □Remove
			_ □Change
AMBR	WESSEL PÉTERS	20240 NW 3 CT. Miami FL 33169	_ □Add
			_ Kemove
			_ □Change
			_ □Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			_ □Change
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			_ □Remove
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