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(((H190001866913)))



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To:

Division of Corporations

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Account Name | : CAPITOL SERVICES, INC.

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CIV FUND IV GP, LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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K. SALY JUN 14 2019

(03/05) 06/13/2019 02:01:11 PM

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

(((H19000186691 3)))

SECTION	11(i-4 must be completed)
Name of limited liability Company as it appear State: CIV Fund IV GP, LLC	s on	
Enter new principal office address, if applicable:	N	/A
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	_	/A PH 9: 22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N</u>	/A 22
2. The Florida document number of this limited lie	bili	ty company is:
3. Jurisdiction of its organization: M130000	980	081
4. Date authorized to do business in Florida: 12/	23	<u>/2013</u>
SECTION II (5-9 complete only the applicable	cha	nges)
5. New name of the limited liability company: E	VO st co	ntain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	ınag	r the purpose of transacting business in Florida and attach a ing members adopting the alternate name. The alternate name or "LLC.")
6. If amending the registered agent and/or register registered agent and/or the new registered office a	ed o	officer address on our records, enter the name of the new
Name of New Registered Agent: N/A		
New Registered Office Address: N/A		Enter Florida Street Address
_		, Florida

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

7. If the amendment of N/A	changes the jurisdiction of organiz	zation, indicate new jurisdiction:	(((H19000186691 3))				
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: N/A							
Title/ Capacity	Name	Address:	Type of Action				
			∆dd				
			Remove				
			Add				
			Remove				
			Add				
			Rémove				
			Add				
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aforementioned ar	the law of which this chitty's organization of Kirk Kla	by the official having custody of record	Remove FILE D Ramove FILE D Ramove FILE D Ramove FILE D Ramove				

Filing Fee: \$25.00

Geneva Harrison 8004323622

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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

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Jose A. Esparza Deputy Secretary of State

Office of the Secretary of State

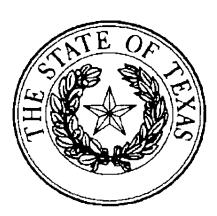
Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that on November 26, 2018, CIV Fund IV GP, LLC, a Domestic Limited Liability Company (LLC) (file number 801795126), changed its name to EverSTAR IVF V GP, LLC.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 06, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Jose A. Esparza Deputy Secretary of State

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