



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 12016000CC17
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: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IVY VENTURES 804, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Ivy Ventures 804, LLC

Enter new principal office address, if applicable: 16260 North 71st Street, Suite 350

(Principal office address
MUST BE A STREET ADDRESS) Scottsdale, AZ 85254

Enter new mailing address, if applicable: 16260 North 71st Street, Suite 350

(Mailing address
MAY BE A POST OFFICE BOX) Scottsdale, AZ 85254

2. The Florida document number of this limited liability company is: M20000010971

3. Jurisdiction of its organization: Virginia

4. Date authorized to do business in Florida: 11/18/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>K R Johnson</u>	<u>7231 Forest Ave Ste 306</u>	<input type="checkbox"/> Add
		<u>Richmond, VA 23226</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Milan diPierro</u>	<u>7231 Forest Ave Ste 306</u>	<input type="checkbox"/> Add
		<u>Richmond, VA 23226</u>	<input checked="" type="checkbox"/> Remove
<u>Manager</u>	<u>Douglas D. Wetmore IV</u>	<u>7231 Forest Ave Ste 306</u>	<input type="checkbox"/> Add
		<u>Richmond, VA 23226</u>	<input checked="" type="checkbox"/> Remove
<u>Managers</u>	<u>See attached Exhibit A.</u>	<u></u>	<input checked="" type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

DocuSigned by:
Adam T. Miller
3292547AD4E7424... Signature of the authorized representative

Adam T. Miller, Manager

Typed or printed name of signer

Filing Fee: \$25.00

**EXHIBIT A
TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA
IVY VENTURES, LLC**

8. Management of the limited liability company is amended to add the following individuals:

<u>Name and Address:</u>	<u>Title/Capacity</u>
Adam T. Miller 16260 North 71st Street, Suite 350 Scottsdale, AZ 85254	Manager
Nicholas Scola 888 Boylston St, Suite 1600 Boston, MA 02199	Manager
Christopher Ritchie 888 Boylston St, Suite 1600 Boston, MA 02199	Manager
Joe Cammarosano 888 Boylston St, Suite 1600 Boston, MA 02199	Manager
James J. Quagliaroli 116 Huntington Ave., 15th Floor Boston, MA 02116	Manager
Michael Balmuth One Boston Place, Suite 3900 Boston, MA 02108	Manager