## L06000028490

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	dusiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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Office Use Only



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## **COVER LETTER**

Div	ision of Corpo	rations		
SUBJECT:	NYE PROPE	RTIES I. LLC		
		Name of Limit	ted Liability Company	***************************************
The enclosed	Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	ence concerning this matter t	to the following:	
		Rose Nye, Owner		
			Name of Person	<del></del>
		Nye Investment Properties,	LLC	
		<del></del>	Firm/Company	
		4677 Bayside Drive		
			Address	
		Milton Florida 32583		
			City/State and Zip Code	
		Rosemnye@yahoo.com		
		E-mail address: (to	o be used for future annual report notifi-	cation)
For further in	nformation con	cerning this matter, please ca	dl:	
ROSE NYE			at () Area Code Daytime	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	following amount:		
□ \$25.00 F	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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NYE PROPERTIES I, LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L06000058490	were filed on 06-07-2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
NYE INVESTMENT PROPERTIES, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	4677 BAYSIDE DRIVE
(Principal office address MUST BE A STREET ADDRESS)	MILTON, FLORIDA 32583
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	4677 BAYSIDE DRIVE MILTON, FLORIDA 32583
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
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 liquidity 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>	Type of Action
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ffective date is listed, the date must be	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.0
ment's effective date on the Depa	a does not meet the applicable statutory filing requirements, this date will not be artment of State's records.	nstea
ecord specifies a delayed el e 90th day after the record	ffective date, but not an effective time, at 12:01 a.m. on the e	arlier
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Page 3 of 3

Filing Fee: \$25.00