# L09000108012

(Requestor's Name)				
(requesters name)				
(Address)				
	•			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
. (Ви	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
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## COVER LETTER

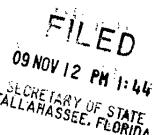
то:	Registration Section Division of Corporation			
SUBJI	ECT:	HY 4 PRO	PERTIES LLC	
520		Name of Limite	ed Liability Company	
The en	closed Articles of Art	nendment and fee(s) are subr	nitted for filing.	
Please	return all corresponde	ence concerning this matter t	to the following:	
		Walte	er J. Swyers, Jr. attorney	
			Name of Person	
			Firm/Company	
		3850 Natio	onal City Tower, 101 S 5th S	t
			Address	
		L	ouisville, KY 40202	
			City/State and Zip Code	
		E-mail address: (to	wswyers@win.net be used for future annual report notifica	tion)
For fu	rther information con-	cerning this matter, please ca	all:	
	Walter Name of Po	J. Swyers, Jr.	at ( 502 ) 50 Area Code & Daytime 7	82-1891 Telephone Number
Enclos	sed is a check for the	following amount:		
\$2	5.00 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: 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



#### HY 4 PROPERTIES 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 Liabil	• • •	November 9, 2009	_ and assigned
Florida document numberL0900010801	<u></u> .		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :	
НҮІ	E4 PROPERTIES LLC		
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Co	mpany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>enter the</u>	name of the new
Name of New Registered Agent:		<u> </u>	
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	<u>Name</u>	Address	Type of Action
			□ Damova
			[** D - m ou o
	****		— -
			D D amous
			□ D
			Remove
). If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if	necessary.)
_			
			09 NOV 1
	November 10	2009	

Page 2 of 2

Filing Fee: \$25.00