129000108012

(Requ	uestor's Name)			
(Address)				
(Addı	ress)			
(City/	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	me) · · ,		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

NOV 1 8 2009

EXAMINER



700162690147

11/17/09--01025--018 **60.00

09 NOV 17 AM11: 01

FILED

SECRETARY OF STATE
OIVISION OF CORPORATION

' COVER LETTER

TO:	Registration So Division of Cor			
SUBJECT: HYE4 PF			OPERTIES LLC	
SUBJ	ECT:		ted Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		,	Walter J. Swyers, Jr.	
			Name of Person	
			Attorney at Law	
			Firm/Company	
101 S F			S 5th Street, Suite 3850	
			Address	
Louisville IXX 40202				
			City/State and Zip Code	
			wswyers@win.net to be used for future annual report notifi	
				cation)
For fu	orther information of	concerning this matter, please of	eall:	
	Walte	er J. Swyers, Jr.	as (582-1891
Name of Person		of Person	Area Code & Daytime	Telephone Number
Enclo	sed is a check for t	the following amount:		
□ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	JNG ADDRESS:	STREET/COURU	FR 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

HYE4 PROP						
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company	were filed on November 9, 2009	9 and assigned				
Florida document number L09000108012						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "	LLC" or the abbreviation				
nter new principal offices address, if applicable: 10312 Sterling Springs Road		•				
(Principal office address MUST BE A STREET ADDRESS)	Louisville, KY 40202 -					
		SEC ISIC				
Enter new mailing address, if applicable:	10312 Sterling Springs Road	2 2 3 3				
(Mailing address MAY BE A POST OFFICE BOX)	Louisville, KY 40202	コ				
		300				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new				
registered agent and/or the new registered office address ner	5 .	Z.				
Name of New Registered Agent:						
new registered Office Address:	New Registered Office Address: Enter Florida street address					
	FAt.4.					
	, 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:

MGR = Ma $MGRM = N$	nager Nanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	<i>)</i>
_ 			
Dated	12/09		<u> </u>
	Signature of a member	er or authorized representative of a member	
	Typed	alter J. Swyers, Jr. I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00