LIADONOR	2334
(Requestor's Name) (Address) (Address)	900305083539
(City/State/Zip/Phone #)	10/30/1701035022 ★+25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2011 OCT 30 PH 2: 52
Office Use Only	K. SALY

···· - 1 2017

TO: Registration Sec Division of Corp				
SUBJECT: NB I	Realty Partners, LLC			
<u>ŞÜBJECT:</u>		ited Liability Company	·	-
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	David			
		Name of Person		
		Firm/Company		
	1332	Desoto St		
		Address		_
	Melbo	ourne, Fl. 32935		
		City/State and Zip Code		
		d@waterfrontbrevard		-
For further information co	oncerning this matter, please ca			
Tina Batista		at ( 321 )	537-7584	
Name of	Person	Area Code	Daytime Telephone Numl	Her
Enclosed is a check for th	e following amount:			
525.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy tadditional copy is each	osed) Certifi Certifi	Filing Fee, cate of Status & ed Copy aal copy is eactosed)
Registra	NG ADDRESS: ation Section n of Corporations	Registratio	/COURIER ADDRESS: on Section of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

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

## **COVER LETTER**

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ARTICLES OF AM	1ENDMENT
TO ARTICLES OF ORC 	GANIZATION 2017 OCT 30 PM 2:52
Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears on our records.) (
The Articles of Organization for this Limited Liability Company were Florida document number <u>L17000100334</u> .	re filed on05/05/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C Enter new principal offices address, if applicable:	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new</u>
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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	<u>Type of Action</u>
AMBR	David Curri	309 S Riverside Dr. Indialantic, Fl. 32903	🖸 Add
			Remove
		<u></u>	Change
<u> </u>			O Add
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			Add
			CT 3 Change
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D.	If amending any other information.	enter change(s) here:	(Attach additional sheets, if necessary.)
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 26 . 2017 .

Signature of a member or authorized representative of a member

Oct 26, 2017

David Curri Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00