## 117000100334

(Requ	estor's Name)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to File	ing Officer:	





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## **COVER LETTER**

то:	Registration Se Division of Cor			
eunu		Partners, LLC		
SUBJ	ECT:		ited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Matthew Mechan		
			Name of Person	
			Firm/Company	
		474 Bimini Lane		
			Address	· · · · · · · · · · · · · · · · · · ·
		Indian Harbour Beach, FL	32937	
			City/State and Zip Code	
		mattjmeehan@yahoo.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please co	all:	
Matth	ew Meehan		at () 271-1232 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>≅</b> \$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

NB Realty Partners, 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 Liability Company were filed on May 5, 2017 \_\_\_\_\_ and assigned Florida document number 17000100334 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 Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office 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

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 aniending 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>	Address	Type of Action
AMBR	Matthew Mechan	474 Bimini Lane	<b>■</b> Add
		Indian Harbour Beach, FL 32937	□ Remove
			Change
			Add
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		Change	
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	s effective date on the			ic statutory trinig	requirements, this do	te will not be listed as
			ate, but not	an effective tir	ne, at 12:01 a.m	i. on the earlier o
he 90	th day after the r	record is filed.				
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		Signature of a n	nember or authori	zed representative o	f a member	

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Filing Fee: \$25.00