LZO 000148281

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
 	(Business Entity Name)
	(Document Number)
	,
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer;
<u> </u>	





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06/19/20--01006--020 **25.00

COVER LETTER

subject: <u>"Му</u>	Mest Egg Name Willim	Properties LL ited Liability Company	· C ·
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		onya Pete Name of Person Egg Properties Firm/Company	
	393	Lincoln Aver	nue
		SO Florida 3 City/State and Zip Code	
	sonya Deter. E-mail address: (1)	s 00020gma/l to be used for future artistal report noti	(complication)
For further information co	ncerning this matter, please ca	all:	
Son ya Yame of	Peters	at (<u>\$50</u>) <u>353</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 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 So		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Nest Egg Properties LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	2. 5.
The Articles of Organization for this Limited Liability Company were filed on $\frac{5/3i/z_0z_0}{Effective Dete}$.	and assigned : 06/01/202 d
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 abb	reviation "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 agent and/or the new registered office address here:	of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	

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.

Cav

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>	Address	Type of Action
AMBR	Sonya C. Peters	393 Lincoln Avenue Valparaisu, Florida 32580	= Add
		32580	□Remove
			□Change
			□Add
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			□Change

(If an e	tive date, if other than the date of filing:
the reco	ord 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 filed.
Dated	June 16. 2020.
	Signature of a member or authorized representative of a member
	Sonya C. Peters Typed or printed name of signee

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