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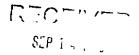
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OCT 23 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: NYC4C REALESTATE	: INVESTMENT, LLC
Name of Lir	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
NATALLE H	Name of Person
<del></del>	Firm/Company
7501 Ulmer	HUAY  Address
LARGO, PL.	33771 City/State and 7in Code
Wimberly nata E-mail address:	City/State and Zip Code  VE DOMOUL. COM  (to be used for future annual report notification)
For further information concerning this matter, please of	
Natalie Wimberly	at (770) 8 W - 3340 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime 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 & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section

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

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O1		يے:
NIVI of A Dimir stru	E INVESTMENT	1.1.7	S IT
			7
( <u>Name of the Limited L</u> (A F	iability Company as it now ap lorida Limited Liability Compar	pears on our records.)	明显 二
	,	_	
The Articles of Organization for this Limited Liabil	ity Company were filed on	8-7-202	and assigned
Florida document number L200003a 933	S .		•
<del></del>	<del></del>		3 3 3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
This amendment is submitted to amend the following	ıg;		, r. –
A. If amending name, enter the new name of the	limited liability company	<u>y here</u> :	
MATALIE WIMBERLY LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company":	he designation "LLC" a	r the abbreviation "L. I. C."
The new name most be distinguishable and contain the words	Limited Claumity Company, 1	ne designation LLC of	the abbreviation E.E.C.
Enter new principal offices address, if applicable	::		
(Principal office address MUST BE A STREET A	DDRESS)		
		•	
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
B. If amending the registered agent and/or regis	tered office address on ou	r records, enter the	e name of the new registered
agent and/or the new registered office address he		<u> </u>	
<del>-</del>			
Name of New Registered Agent:			
New Registered Office Address:		Pl 11	
	Enler	Florida street address	
		. Flori	da
_	City	, 1 1011	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 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
			□Add
			□Remove
			□ Add
			□Remove
			Change
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(If an effe <u>Note:</u> I	we date, if other than the date of filing:
record is file	
Dated _	9/10/20
	Autable Flarington-Wimberly  Typed or printed name of signee
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00