

L13000140899

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000234184 3)))



H140002341843ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT -6 AM 9:17

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YUME EP LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

82120

RECEIVED

14 OCT -6 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

OCT -7 2014

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

414000234184

YUME EP 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 10/7/2013 and assigned
Florida document number L13000140899.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EYAVIP LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2715 EMERSON LANE

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE FL 34743

Enter new mailing address, if applicable:

2715 EMERSON LANE

(Mailing address MAY BE A POST OFFICE BOX)

KISSIMMEE FL 34743

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:

EVA E GUERRA

New Registered Office Address:

2715 EMERSON LANE

Enter Florida street address

KISSIMMEE

Florida 34743

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.

Eva Guerra

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each member.
Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PEDRO A SALAZAR	2029 NW 33 STREET	☐ Add
		MIAMI FL 33142	☒ Remove
AMBR	EVA E GUERRA	2715 EMERSON LANE	☒ Add
		KISSIMMEE FL 34743	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2014 OCT -6 AM 8:17

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

10/6/2014

Eva Guerra

Signature of a member or authorized representative of a member

EVA E GUERRA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 OCT -6 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H81H2E0000071H

10/06/2014 16:27 30563339696

CORPUSA