Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

: (845)425-0077

Fax Number

: (845)818-3588

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

Email	Address	1	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRITTANY N&S HOLDINGS LLC

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Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

DEC 27 2013

A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Y N&S HOLDINGS LLC	
(<u>Name of the Limited Linbilit</u> (A Florida	y Company as it now appears on our re Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (Florida document number L13000171871		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	2813
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the de	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	<u> </u>	SS: 45 ST
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	a 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 608, 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.

12-24-13;11:29AM; ;845-818-3588 # 3/ 4

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	NATE HYMAN	16 RENA LANE	Add
		LAKEWOOD, NJ 0870)1 Remove
		11-29 Clinton Avenue	
MGR	David Shweky	Brooklyn, New York 112	205 🗸 Add
		ĵ.	Remove
		ls To	
		001 112 11.	Add
		(m) (C) (2)	Remove
			Add
			Remove
			
			Add
·			Remove
			Add
			Remove

If amending any other information	, enter change(s) here: (Attach additional shee	ts, if necessary.)
		
*************************************		,
December 23rd	2013	
·		
Signate	re of a member or authorized representative of a me	mber
	Taylor Lolya	
	Typed or printed name of signee	-
	Page 3 of 3	
	Filing Fee: \$25.00	
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		25 4
		(a)