L19000129742

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SUBJEC	CT.	YELLOW	TAIL CONSULTING LLC		
SODJE	C1:		Name of Lin	nited Liability Company	
The encl	losed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
			ondence concerning this matter	-	
			LAURA STROBEL	-	
			FIRSTAX	Name of Person	
			3663 N. SAM HOUSTON	Firm/Company PARKWAY E. #600	
			HOUSTON, TX 77032	Address	Address ### Addre
			laura@firstax.com	City/State and Zip Code	
or furth	ner in	formation c	E-mail address: (oncerning this matter, please c	•	etification)
Laura St	robel				
		Name o	î Person	Area Code Dayti	me Telephone Number
Enclosed	l is a	check for th	ne following amount:		
3 \$25.0	00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	• •	Certificate of Status & Certified Copy
	_	Registra Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssec, FL 32314	Registration Sect Division of Corpo Clifton Building 2661 Executive C	ion orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YELLOW TAIL CONSULTING LLC	
(<u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L19000129742	on <u>05/13/2019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	anv 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)	23.
	7 7 11 .
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	er 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.

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
MGR	KATHERINE G. FISHER	3528 JONATHONS HARBOUR DR., JUPITER, FL 33477	
		DR. JOHNER, 10 33477	■ Add
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	05/22/2019			
E. Effective date, if other than the	date of filing:	(option:	al)	
Note: If the date inserted in this ble document's effective date on the De	t be specific and cannot be prior to date of filin ock does not meet the applicable statutor; partment of State's records.	ng or more than 90 days after tili y filing requirements, this do	ing.) Pursuant to 605,020 ate will not be listed as	7 (3)(b s the
f the record specifies a delayed b) The 90th day after the reco	effective date, but not an effect ord is filed.	tive time, at 12:01 a.n	n. on the earlier o	of:
Dated May 22	2019			
Fuid 1	22			
/ - / /	Signature of a member or authorized represen	ntative of a member		
DAVID A. FISHER				
	Typed or printed name of sig	nec		

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Filing Fee: \$25.00