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COVER LETTER

YDB THREE LAKES, L.C. SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joel S. Piotrkowski, Esquire Name of Person Green & Piotrkowski, PLLC Firm/Company 317 - 71st Street Address Miami Beach, FL 33141 City/State and Zip Code joel@gkppa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joel S. Piotrkowski Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **X** \$60.00 Filing Fee, □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YDB THREE L	AKES, L.C.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recordiability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L98000000289</u>	were filed on March 10, 1998	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	C" 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) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our record	SECRETARY OF STATES 18 AUG -9 AMIO: 56 In the name of the same o
New Registered Office Address:	Enter Florida street addre	288
	, Fl	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
	ging Registered Agent, <u>Signature</u>	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	Avi Dishi	571 W. 183rd Street			
		New York, NY 10033	☐ Remove		
			☐ Change		
MGR	Haim Yehezkel	210 - 71st Street, Suite 309			
		Miami Beach, FL 33141	Remove		
			□ Change		
			□ Remove		
			Change		
			☐ Add		
			Remove		
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ffective date, if other than than effective date is listed, the date in	re date of filing:	t be prior to date of fili	ng or more than 90 day	(optional) vs after filing.) Pursu	ant to 60	05.020
ote: If the date inserted in this ocument's effective date on the	block does not meet th	ie applicable statuto	ry filing requiremen	ts, this date will n	ot be lis	sted a:
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e record specifies a delayon The 90th day after the re		but not an effec	tive time, at 12	:01 a.m. on th	e earl	lier o
ated August	201	18		. 7		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00