L15000074945

(Requestor's Name)	
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SECRETARY OF STATIONS
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COVER LETTER.

TO:		stration Se sion of Cor					
SUBJE	CT:	YRR21 HO	MES LLC				
	···		Name of Lim	ited Liability Company			
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	etum	all correspo	ndence concerning this matter	to the following:			
			DIEGO FIGUEROA				
				Name of Person			
			E & F LATIN GROUP LL	С			
				Firm/Company			
			1820 N CORPORATE LA	KES BLVD STE 109			
				Address			
			WESTON FLORIDA 3332	26			
				City/State and Zip Code			
			DIEGO@EFLATINACCO				
			E-mail address: (to be used for future annual report notif	ication)		
For furt	her in	formation c	oncerning this matter, please ca	all:			
DIEGO	FIGU	JEROA		at (954) 384 8565			
		Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	d is a	check for th	ne following amount:				
□ \$25	.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	SECRETARY
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURING Registration Section Division of Corport Clifton Building 2661 Executive Control Tallahassee, FL 32	n ations nter Circle	PM 5: 45	Y OF STATE MAPORATION		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YRR21 HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A FIC	orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L15000074945		and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2	·
registered agent and/or the new registered office a	address here:	
New Registered Office Address:		
Men Registered Office Madess.	Enter Florida street address	
_	, Flori	ida Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	•
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered	nd complete performance of my duties, and	I am familiar with and [5] S. Or, if this document is:

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>	Type of Action		
MGR	Yesenia Josefina Morillo Lugo	520 CARRINGTON DR	= Add	
		WESTON, FL 33326	☐ Remove	
			Change	
			☐ Remove	
			□ Change	
			Add	
			Remove	
			Change	
			Add	
			Remove	
			Change	
			Add DIVISION SECURE IN SEC	
			HARY OF STATE OF CURRENCE IN THE STATE OF CURRENCE IN THE STATE OF CHARGES IN	
			□ Remove	
			Change	

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary	7.) 		
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(If an eff Note:	(optional) ve date, if other than the date of filing:	.) Pursuant to	o 605.02 e listed :	07 (3)(b) as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the e	arlier	of:
Dated	May 14th 2015			
,		ylen _	<u>1</u> 5	151745 133 134
	Signature of a member or authorized representative of a member	日台番目	HAY I	18 18 18 18 18 18 18 18 18 18 18 18 18 1
	Typed or primed name of signce	- <u> </u>	_ માતું છ	3119 3119 3119 3119
	Page 3 of 3	FLORIDA	PH 5: 45	STATE

Filing Fee: \$25.00