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(Re	questor's Name)	
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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# **COVER LETTER**

TO: Registration So Division of Cor				
SUBJECT:	YANKEE CARPE	NTRY, LLC ited Liability Company		
	Amendment and fee(s) are sub	mitted for filing.		
rease return an entespe	_	S HAMBLET  Name of Person		-
	3216	Firm/Company  CARY WAY  Address		-
		OTA FL 34 23  City/State and Zip Code	52	-
For further information e			OW TALL	2017 AUG
DOUG LAS Name o	HAMBLET Person	FAN© GMAIL. Control to be used for future annual report notificall:  at (941) 256  Area Code Daytime	SSET O	
Enclosed is a check for th  □ \$25.00 Filing Fee	ne following amount:  \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	te of Status &

MAILING ADDRESS:

.

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

YHNKEE CH	11	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>LO500011666</u>	Company were filed on 12 07 2005 and assignment	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)  B. If amending the registered agent and/or registered agent and/or the new registered office address	tered office address on our records; center the name of ress here:	f the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOHN LAMBRIGHT	a201 Stratford St	Add
		Sarasota, FL 34232	🗆 Remove
			Change
AMBR	FRANK HENSON	4058 Waikiki Dr.	🗹 Add
	SARASOTA, FL 34241	Remove	
		Change	
			□ Remove
		TALL SILL	Change
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:  8   11   2017   (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he rec The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated :	D. Hartlet
	Signature of a member or authorized representative of a member
	$\sim$ 1 1/ 11/

Page 3 of 3

Filing Fee: \$25.00