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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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09/30/15--01011--001 **25.00

10/1/15



COVER LETTER.

Division of Co	rporations	
SUBJECT: HARK / B	BURKHALTER / YON, PL	
·	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Clifford B. Hark	
	Name of Person	
	Hark / Burkhalter / Yon, PL	
	Firm/Company	
	2101 NW Corporate Blvd., #220	
	Address	
	Boca Raton, FL 33431	
	City/State and Zip Code	
	cliff@harklegal.com E-mail address: (to be used for future annual rep	and notification)
For further information (concerning this matter, please call:	ont normeation)
Clifford B. Hark	561 995-	
Name o	of Person Area Code	Daytime Telephone Number
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose)	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

FILED

2015 SEP 30 AM II: 55

CERALTANI O DIAM.
MALIAMATRI, FLORICA

HARK / BURKHALTER / YON, PL

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

The Articles of Organization for this Limited Liability Com-	pany were filed on 04/03/200	of and assigned
Florida document number L060000346: 89		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
HARK / YON, PL		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		records, enter the name of the nex
New Registered Office Address:	Enter Florida stre	ret address
		Florida
 	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent's	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agen being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my di it as provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is
Ĩi		

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	Laura Bourne Burkhalter	817 SE 5th Court	
		Fort Lauderdale, FL 33301	■ Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			
			□ Remove
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Signature of a member or authorized representative of a member	The 90th day after the reco			
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Page 3 of 3

Filing Fee: \$25.00