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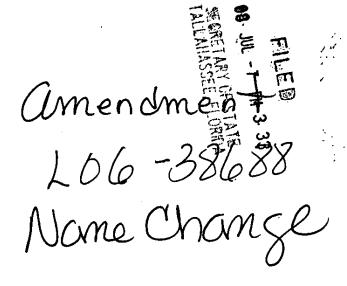
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N. CAUSSEAUX
JUL 8 2008

EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: Yu & Associates, LLC (Name of Limited Liability Company)						
	mendment and fee(s) are sub					
	(Name of Person)					
	(Firm/Company)					
	(Address)					
		(City/State and Zip Code)				
For further information cor	ncerning this matter, please ca	all:				
PEER (Name of	Person)	at (954) 270 675 (Area Code & Daytime Te	Solephone Number)			
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS:		STREET/COURIER Registration Section				

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yu & Associates, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on d Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LOG-38688</u>	ny were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Yu, Fleischer & Pawaroo LLC		
The new name must be distinguishable and end with the words "Lin" L.L.C."	mited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		24 3
(Principal office address MUST BE A STREET ADDRESS)		三
* · · · · · · · · · · · · · · · · · · ·	·	SSE - F
Enter new mailing address, if applicable:		FEST 3
(Mailing address MAY BE A POST OFFICE BOX)		33
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our 1 ere:	records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter 1	Florida street address)
	(0)	, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** Name | Rachel Fleischer ✓ Add Remove □ Add Remove Add Remove ☐ Add Remove ☐ Add Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member PÉIER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00