L07000002222

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





800162624718

800162624718 11/24/09-01048-007 **30,00___

09 BEC -1 AM 8: 41

B. KOHR

DEC - 3 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 46 MAWAGEMENT, LLC 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Vannick N. Bann N. Name of Person Vannace Vannac
YG MANAGEMENT Firm/Company
12130 SAINT ANDREWS PL. AP+ #104
MIRAMAR, FL 33025 City/State and Zip Code
YGPOWERSOLUTIONS GMIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YANNICK N. Brown at (305) 794.4259 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

YG MANAGEMENT L	ay as it now appears on our records.
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records,
The Articles of Organization for this Limited Liability Company Florida document number <u>LO70000 222</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:
YOPOWER SOLUTIONS LLC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME: 12130 SAINT ANDREWS PL# 104
(Principal office address MUST BE A STREET ADDRESS)	SAME: 12130 SAINT ANDREWS PL#104 MIRAMAR, FL 33025
Enter new mailing address, if applicable:	" 72130 SAINT ANDREWS PL# 104 MIRAMAR, FL 33025
(Mailing address MAY BE A POST OFFICE BOX)	MiRAMAR, FL 33025
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent: N/A	
New Registered Office Address: V/A	
·	Enter Florida street address
	Florido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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:

	Manager . I = Managing Member		
<u>Title</u>	Name	Address	Type of Action
N/A	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
	 		☐Add ☐Remove
	_		∏Add ∏Remove
D. If an	WE WOULD LIKE TO MAKE COREGORIO A POPA. (MGRM)	s) here: (Attach additional sheets, if necessary.) AN ADNOSS CNAMBE FOR : 12130 SAINT ANDREWS PL MILIMAR FL 33025	
Dated _	, ,, ,	or authorized representative of a member Beoww r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00