## L07000017977

(Re	questor's Name)		
(Address)			
(Ad	dress)		
· (Cit	ty/State/Zip/Phon	e #)	
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## **COVER LETTER**

	gistration Sed ision of Corp		<b>4</b> 3	* · •
SUBJECT:	Yoakum I	Design Arts, LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Polly Yoakum		
			Name of Person	
		Yoakum Design Arts	, LLC	
			Firm/Company	
		911 Sara Drive		
			Address	<del></del>
		Shalimar, FL 32579		
			City/State and Zip Code	
		nathanandpolly@yah		
			to be used for future annual report notific	cation)
For further in	nformation co	ncerning this matter, please ca	all:	
Polly T Y	oakum		850 259-7599	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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:

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

Yoakum Design Arts, LLC	
(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 Company were filed on 2/7/2007	and assigned
Florida document number L07000013933	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Yoakum Art, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	r the name of the nev
	<b>5</b>
Name of New Registered Agent:	
	(Arch L rand
New Registered Office Address:  Enter Florida street address	SOFT OF PARTY
FI. 44.	
, Florida,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	5/G <b>=</b>

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

$\mathbf{AMBR} = A$			
Title	<u>Name</u>	Address	Type of Action
			Add
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			□ Add
			Remove
<del></del>			Add
			□ Remove
			Add
			☐ Remove

. If amending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)
•	
<ul> <li>Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department</li> </ul>	c of receipt or filed date and cannot be more than 90 days after t of State)
Dated Februaury 3rd	2015
	nember or authorized representative of a member
Polly T Yoakum	nember or authorized representative of a member
·····	Typed or printed name of signee

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Filing Fee: \$25.00

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