

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YMICO OVERSEAS, L.L.C.
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:

JOSE C. MARRERO, ESQ.
Name of Person
Law Office of Jose C. Marrero, P.A.
Firm/Company
1200 Brickell Avenue, No. 505
Address
Miami, FL 33131
City/State and Zip Code
jose@marrerolaw.com
E-mail address: (to be used for future annual report notification)

FILED
2012 NOV - 8 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jose C. Marrero, Esq. at (**305**) **470-2030**
Name of Person Area Code & Daytime Telephone 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:
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**

YMICO OVERSEAS, L.L.C.

(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 June 25, 2007 and assigned Florida document number L07000066361.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

MIMON COHEN
CCS-81468

(Principal office address MUST BE A STREET ADDRESS)

2250 N.W. 114th Avenue, Unit 1C
Miami, FL 33172-3652

Enter new mailing address, if applicable:

MIMON COHEN
CCS-81468

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 025323
Miami, FL 33102

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2007 NOV -8 AM 09:12
F-11-6-0

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>BMC Business Overseas Corp.</u>	<u>1792 Bell Tower Lane</u> <u>Weston, FL 33326</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>MIMON COHEN</u>	<u>CCS-81468</u> <u>P.O. Box 025323</u> <u>Miami, FL 33102</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGRM</u>	<u>YOJEBED COHEN</u>	<u>CCS-81468</u> <u>P.O. Box 025323</u> <u>Miami, FL 33102</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 11-01, 2012.



Signature of a member or authorized representative of a member

MIMON COHEN

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED