

LD7000127059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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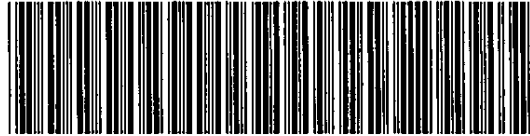
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 06 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YOKOYAMA ENTERPRISES, 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:

ALAN YOKOYAMA

Name of Person

YOKOYAMA ENTERPRISES, L.L.C.

Firm/Company

712 15th Street N.W.

Address

Largo, FL 33770

City/State and Zip Code

Yoke 1215911@yaho.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan Yokoyama

Name of Person

at (727) 385-0555

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO ARTICLES OF ORGANIZATION OF
YOKOYAMA ENTERPRISES, L.L.C.**

The Articles of Organization for this Limited Liability Company were filed on December 24, 2007, and assigned Florida document number L07000127059.

This amendment is submitted to amend the following:

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

N/A

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 ADDRESS)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 property 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 the limited liability company has been notified in writing of this change.

If changing Registered Agent, Signature of New Registered Agent

C. 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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>YOSHIO TED YOKOYAMA</u>	97 Velma Drive Largo, FL 33770	<input checked="" type="checkbox"/> Add
<u>AMBR</u>	<u>ERIC YOKOYAMA</u>	712 15 TH Street N.W. Largo, FL 33770	<input checked="" type="checkbox"/> Add
<u>AMBR</u>	<u>NATHAN YOKOYAMA</u>	712 15 TH Street N.W. Largo, FL 33770	<input checked="" type="checkbox"/> Add

D. If amending any other information, enter change(s) here:

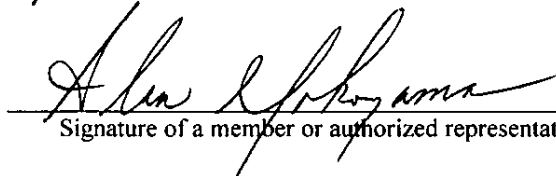
N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing). Pursuant to 605.0207(3)(b).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date will not be listed as the document's effective date on the Department of State's records.

Dated 5/20/16



Signature of a member or authorized representative of a member

Alan Yokoyama

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00