## 608000008317

, (Re	equestor's Name)	•
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
(-)	-,	·· <b>,</b>
PICK-UP	WAIT (90)	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
	·	
<b>i.</b>	Office Use Onl	v



100265528841

10/21/14--01021--002 \*\*25.00

14 OCT 21 PH L: SO

T. Burok OCT 22 3 2015

## **COVER LETTER**

TO: Registration Section **Division of Corporations** YSC FLORIDA,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: PERRY E. BEEK, CPA Name of Person SOLIL MANAGEMENT LLC Firm/Company 1185 SIXTH AVENUE, 10TH FLOOR Address NEW YORK, NY 10036-2604 City/State and Zip Code ACCOUNTING@SOLIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PERRY E. BEEK, CPA

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

YSC FLORIDA, LLC	
(Name of the Limited Liability Company as it now appears on our reco	rds.)
(A Florida Limited Liability Company)	

The Articles of Organization for this Limited Liability Company were filed on 01/23/2008 Florida document number L08000008317 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the above viation "L.L.C" 1185 SIXTH AVENUE, 10TH FLOOR Enter new principal offices address, if applicable: NEW YORK, NY 10036-2604 (Principal office address MUST BE A STREET ADDRESS) 1185 SIXTH AVENUE, 10TH FLOOR Enter new mailing address, if applicable: NEW YORK, NY 10036-2604 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida

## 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 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:

MGR = Manager AMBR = Authorized Member								
<u>Title</u>	<u>Name</u>	Address	Type of Action					
			□ Add					
			□ Remove					
<del></del>		<del></del>						
			3ECWLTARY AHASSE					
			FLORIDA Add					
<del></del>								
			□ Remove					
			·					
			Add					
			□ Remove					
<u></u>			□ Add					
			□ Remove					

D. If amen	ding any other	inform	ation, enter cha	nge(s) here:	(Attach aa	lditional sheet	ts, if necessar	ry.)		
,			(			<del></del> .				
							·			
(The effect	ive date must be sp	ecific, can	e date of filing: not be prior to date lorida Department of	of receipt or file	ed date and car	nnot be more than	<b>(optional</b> n 90 days after	)		
Dated _	October	10	,	2014						
			Signature of a me	lul.	ized represent	ative of a memb	Ar .			
			JANE	_	MAMOU					
					J					
			Change	of	A66A	wess, 45c	Florida	WL	•	
								SEURE TALLA	14 OCT	Car pain
				n.				TARY OF	121 PM	
				Page :				)F S [A]] . FLORII	전 표	