# 08000076953

| (Req                                    | uestor's Name)   |             |  |
|---|------------------|-------------|--|
|   |                  |             |  |
| (Address)                               |                  |             |  |
| (Add                                    | ress)            |             |  |
| (City)                                  | /State/Zip/Phone | e #)        |  |
| ,                                       | ,                | ,           |  |
| P!CK-UP                                 | ☐ WAIT           | MAIL        |  |
|   |                  |             |  |
| (Busi                                   | ness Entity Nar  | ne)         |  |
| (Document Number)                       |                  |             |  |
| Continue Continu                        | C-416-4-         | f Ob-b      |  |
| Certified Copies                        | Сеплисатея       | s or Status |  |
| Special Instructions to Filing Officer: |                  |             |  |
|   |                  |             |  |
|   |                  |             |  |
|   |                  |             |  |
|   |                  |             |  |
|   |                  |             |  |

Office Use Only



800135985398

09/17/08--01012--011 \*\*25.00

T. HAMPTON

SEP 1 8 2008

**EXAMINER** 

## **COVER LETTER**

| TO: Registration So<br>Division of Con |   |  | ·   |
|--|---|--|---|
|  |   |  |   |
| SUBJECT:                               | YLO LLC<br>(Name of Lim                     |  |   |
|  | (Name of Lim                                | ited Liability Company)  | <del></del>   |
| The enclosed Articles of               | Amendment and fee(s) are sub                | mitted for filing.   |   |
| Please return all correspondence       | ondence concerning this matter              | to the following:  |   |
|  | REBECC                                      | (Name of Person)   | ,   |
|  | **************************************      | (Name of Person)   | ······································  |
|  | BECKY                                       | BORCI REALTY (Firm/Company)  | 1,110   |
|  |   | (Firm/Company)   |   |
|  | 8372  | BURWELL CIRCLE (Address)   |   |
|  |   | (Address)  |   |
|  | PURT CH                                     | HIRLUTTE FL 33 (City/State and Zip Code)                           | 981   |
|  |   | (City/State and Zip Code)  |   |
| For further information of             | concerning this matter, please c            | all:   |   |
| REBECCA                                | A. BUIZCI                                   | at (941) 626-75<br>(Area Code & Daytime T                          | 22  |
| (Name                                  | of Person)                                  | (Area Code & Daytime T   | elephone Number)  |
| Enclosed is a check for t              | he 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

| HYLO,LL  |  |  |  |
|--|--|--|--|
| ( <u>Name of the Limited Liability C</u><br>(A Florida Lim   | ompany as it now appears on nited Liability Company) | our records <u>.</u> )                                       |  |
| The Articles of Organization for this Limited Liability Con<br>Florida document number <u>L 08 0000 76 9 5 3</u> |  | 11, 2008 and assigned  |  |
| This amendment is submitted to amend the following:  |  |  |  |
| A. If amending name, <u>enter the new name of the limite</u>   | d liability company here:                            |  |  |
| The new name must be distinguishable and end with the words "L.L.C."   | "Limited Liability Company,"                         | the designation "LLC" or the abbreviation                    |  |
| Enter new principal offices address, if applicable:  |  |  |  |
| (Principal office address MUST BE A STREET ADDRE.  | (SS)   | S S S S S S S S S S S S S S S S S S S                        |  |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)                          |  | FILED  SEP 17 AM 11: 01  CRETARY OF STATE  LAHASSEE, FLORIDA |  |
| B. If amending the registered agent and/or register registered agent and/or the new registered office address    |  | <i>-</i> 01  |  |
| egisterea agent anaror the new registerea office address   | 30 HOLO.   |  |  |
| Name of New Registered Agent:  |  |  |  |
| New Registered Office Address:   | /TT /  |  |  |
|  | (Enter Florida street address)                       |  |  |
| <del></del>  | (Cir.)   | , Florida(Zip Code)  |  |
|  | (City)   | (Zip Coae)   |  |

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 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 **Type of Action** <u>Address</u> <u>Name</u> Title 8372 BURWELL CIRCLE REBECCA A. BOIZCI MGIZM Add PORT CHARLOTTE, FL 33981 Remove ☐ Add Remove **1** Add 🗖 Remove ☐ Add Remove Add Remove Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBEL 12 MANARE Dated\_ ignature of a member or authorized representative of a member A. BORCI REBECCA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00