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T. CLINE
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EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Yackt Sales Cafe LLC (Name of Limited Liability Company)		
The er	aclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Jennie J. Crane (Name of Person)  Specht Sales Cafe LLC (Firm/Company)  Po Box 1956 (Address)  St. Petersburg FL 33731 (City/State and Zip Code)	2008 HOV 12 SECRETARY TALLAHASSI	
	(City/State and Zip Code)	2 A RY O	
For fu	rther information concerning this matter, please call:	AMIO: 31	-
	Jennie J. Crane at (727) 553-9551 (Name of Person) at (727) 553-9551 (Area Code & Daytime Telephone Number)	ATE ALDA	
Enclos	sed is a check for the following amount:		
<b>□</b> \$2:	5.00 Filing Fee Scertificate of Status Certified Copy Certified Copy is enclosed)  Second Filing Fee Scertified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	of Status &	

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

Thent Sales late	LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our recor Liability Company)	rds.)	
	ماماما		
The Articles of Organization for this Limited Liability Company	were filed on 936	and assigned	
Florida document number <u>L08000090423</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		SEC ON TO	
		<b>三</b>	
Enter new mailing address, if applicable:		188 T2	
(Mailing address MAY BE A POST OFFICE BOX)		Mo H	
training was 199 MATE BETT OUT OF THE BOTY		E S 6	
		<u> </u>	
B. If amending the registered agent and/or registered of		enter the name of the new	
registered agent and/or the new registered office address her	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	, Flor		
	(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 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 Title <u>Name</u> **Address** Type of Action David P. Sell 390 Alton Road. Miami Beach, FL 33139 Remove ☐ Add Remove Remove 1 □ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Jennie J. Crane
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00