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B. BOSTICK
SEP 2 4 2013
EXAMINER

## **COVER LETTER**

T,O:

Registration Section
Division of Corporations

SUBJECT

YARG, 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:

Pete Doragh

Name of Person

The Doragh Law Firm, P.L.

Firm/Company

1705 Colonial Blvd., Ste. B4

Address

Fort Myers, FL 33907

City/State and Zip Code

pete.doragh@doraghlawfirm.com

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

For further information concerning this matter, please call:

Pete Doragh

,<sub>,</sub>239,**425-3644** 

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

YARG, LLC				
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>'ds.</u> )		
	40/00/000			
The Articles of Organization for this Limited Liability	Company were filed on 10/22/2008		and assi	gned
Florida document number L08000099582	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the design	ation "LLC"	or the a	bbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)	<u> </u>	23	
	<u> </u>		<u></u>	-
	-	#E	ĘÞ	
Enter new mailing address, if applicable:		35S.	23	موسودون بر م ه
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	- P	
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		30.0	84	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	· •	enter the r	iame of	f the nev
Name of New Registered Agent:				
New Registered Office Address:			<u>-</u>	
	Enter Florida str	eet address		
	, Flor			
	City	Z	ip 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>		Address	Type of Action
MGR	<u>,</u>	JOHN HARTEMINK	-	1705 Colonial Blvd., Ste. B4	Add
				Fort Myers, FL 33907	Remove
					<u>.</u>
	_		-	<u></u>	Add
					Remove
	-		-	LCAHASSEE.	Add  Remove
				SSEE FL	23 PH
	_		-	FLORIDA	
					Remove
	_		-		Add
	,			·	Remove
				<u> </u>	
	<del>-</del>		-		Add
					Remove

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	•	_
-		_ ·,
		_
-		_
Dated S	eptember 19 2013	_
	to Dolly	
	Signature of a member or authorized representative of a member	
	Pete Doragh, Authorized Representative  Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	
	<del></del> 1	<b>~</b> >

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