L09000011573

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	-
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
`~	,	•
	cument Number)	<u> </u>
,55	our inchest values,	
Certified Copies	Cortificator	of Status
Certified Copies	_ Certificates (or Status
·		1
Special Instructions to	Filing Officer:	,

Office Use Only



100162769811

11/16/09--01052--019 **43.75

OS NOV 20 AM 2: 28
SEGRETARY OF STATE
ASSEE, FLORIDA

A American Night of a 2000

COVER LETTER

OT'

Registration Section

Division of Cor	rporations				
SUBJECT: Y		TI-SERVICE CENTER, ted Liability Company	LLC		
	Amendment and fee(s) are sub	-			
Trease return an correspo	manie concerning and maner	to the following.			
	MICHAEL LAWRENCE Name of Person				
E-		-CONSULTING, INC	<u>,</u>		
	Firm/Company				
	16499 NE 19TH AVE STE 104 Address				
	N. 84	NAME DE ACILIEL 22462			
	N M	City/State and Zip Code			
	biz	taxes@nubiantax.com to be used for future annual report notific			
	E-mail address: (to be used for future annual report notific	eation)		
For further information of	concerning this matter, please of	all:			
Michael L Lawrence		at (305) S	940-9002 Telephone Number		
Name	n 1 (180)	Area code de Dayanie	Telephone (Valloc)		
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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations sox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle		



November 18, 2009

MICHAEL LAWRENCE 1609 NE 123 STREET N. MIAMI, FL 33181

SUBJECT: YES YOU CAN AUTO SALES LLC

Ref. Number: L09000011573

We have received your document for YES YOU CAN AUTO SALES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 509A00035890

Neysa Culligan Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

09 NOV 20 AM 2: 28

YES YOU CAN AL	JTO SALES,	LLC SECRE	LARY OF STATE
YES YOU CAN AL (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Liability Company)	rs on our recordsUAH	ASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on	02/04/2009	and assigned
Florida document numberL09000011573			
This amendment is submitted to amend the following:			,
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
YES YOU CAN MULTI-SE	ERVICE CENTI	ER, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	1609 NE 123 ST		
(Principal office address MUST BE A STREET ADDRESS)	N MIAMI, FL	33181	
Enter new mailing address, if applicable:	1609 NE 123	ST	
(Mailing address MAY BE A POST OFFICE BOX)	N MIAMI, FL	33181	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	our records, <u>enter t</u> nter Florida street add , Florida	ress
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GERALD BOULIN	17205 NW 9TH COURT MIAMI FL 33169	Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
	Hende- 18, 2009		O9 NOV 20 AM 2
Dated 155	Whith Charles	or authorized representative of a member	# 2: 28
	EDITH C BOULIN	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00