## L09000/10008

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ĉi	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ви	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

A. LUNT

JAN 29 2010

**EXAMINER** 

Office Use Only



000163847370

01/28/10--01008--012 \*\*30.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

10 JAN 28 PH 2: 3

## **COVER LETTER**

Division of Corpo	orations		
SUBJECT:		HUB L.L.C, d Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	aitted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	José 1	ANORES GANCITY  Name of Person	
		Name of Person	
	THE	YELLOW MARKET Firm/Company	L.L.C.
	, , , -	Firm/Company	
	6531	STONINGTON DI	7.
		Address	7A:
	TANPA	R 33647	2010 JAN 28 SECKETARY TALLAHASSE
	ASANCA	FC 33647 City/State and Zip Code 4000000000000000000000000000000000000	JAN 28 PM 2 KETARY OF STAHASSEE, FLO
	E-mail address: (to	be used for future annual report notification	
For further information con	cerning this matter, please cal	1:	PM 2: 33 Y OF STATE EE. FLORIDA
JUSE ANON	DES SANCHE	at (S13 910 - 22)  Area Code & Daytime Telep	ZZ S DA
Name of P	erson	Area Code & Daytime Telep	hone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	G ADDRESS:	STREET/COURIER All Registration Section	DDRESS:

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TÔ:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears or	our records.)	
The Articles of Organization for this Limited Liability Co	= = = :		ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
THE YELLOV	N MARKET L.L.C	•	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Company,"	-	reviation
Enter new principal offices address, if applicable:		3EC TALL	
(Principal office address MUST BE A STREET ADDRI	ESS)	AHA NAN	
	<del></del>	28 P	
Enter new mailing address, if applicable:	<del></del>	PM 2	
(Mailing address MAY BE A POST OFFICE BOX)		RA S	<del> </del>
B. If amending the registered agent and/or registered agent and/or the new registered office address.		records, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter 1	Florida street address	<del></del>
		, Floridà	
	City	Zip Code	
N. D. J.A J. A A. C	A		

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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Addi Remove
			Add Remove
			Add Remove
			Add Egnove
			HASSEE, FI
			FICORIDE AND CONTROL OF THE CONTROL
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if no	ecessary.)
_			
Dated	ANUALY 23 , 20	s Sanda	
	Signature of a member  JOSE AND	r or authorized representative of a member	·
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00