# L100000 75779

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## **COVER LETTER**

Division of Corp			
SUBJECT: YF M	T. CARMEL, L	LC.	
SUBJECT.		ted Liability Company .	<u> </u>
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Cherie A. Ha		
		Name of Person	
	Englander F	ischer	<u> </u>
•		Firm/Company	
	721 First Ave	enue North	
		Address	
	St. Petersbu	rg, FL 33701	•
		City/State and Zip Code	-
	chanley@eflegal.	com o be used for future annual report notific	ortion)
For further information co	ncerning this matter, please ca		ation)
			40 . 040
Cherie A. H.		<sub>at (</sub> 727 <sub>)</sub> 898-72	10, ext. 242
Name of	Person	Area Code Daytime	Telephone-Number
		•	•
Enclosed is a check for the	e 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

YF MT. CARMEL, LLC			
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company were filed on 04/01 Florida document number L10000035739	/2010	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and end with the words "Limited Liability Company," the design	nation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	~~~		
(Principal office address MUST BE A STREET ADDRESS)	<del>.</del> ,		
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	Wat 2		
			<del></del>
B. If amending the registered agent and/or registered office address on ou	r records, <u>enter</u>	the name	of the ne
registered agent and/or the new registered office address here:		16 J	
Name of New Registered Agent:			
New Registered Office Address:		S	• •
Enter Florida s	treet address		-
	Flowida		,

### 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name Address Type of Action 421 SNELL ISLE BLVD NE DAdd STROSS, JOHN E MGR ST. PETERSBURG, FL 33704 Remove 421 SNELL ISLE BLVD NE Add MGR STROSS FAMILY INVESTMENT PARTNERSHIP, LTD. ST. PETERSBURG, FL 33704 ☐-Remove ☐ Add □ Remove

If amending any other information, enter change(s) here: (Auac. N/A	h additional sheets. if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) nd cannot be more than 90 days after
Dated JUNE 20 , 2014	
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Signature of a member or authorized repr	resentative of a member
Jason E Stross	

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Filing Fee: \$25.00