

L10000036490

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000251514 3)))



H100002515143ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC.
 Account Number : 072720000101
 Phone : (850) 385-6735
 Fax Number : (954) 641-4192

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 YELLOW THUNDERBIRD, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

10 NOV 19 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

RECEIVED
 10 NOV 19 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

4/1000025154

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

YELLOW THUNDERBIRD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 5, 2010 and assigned Florida document number L10000036490

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

Page 1 of 2

4/1000025154

RECEIVED
FLORIDA
LAKE COUNTY
STATE
FLORIDA
NOV 19 2010
AM 8:45
FILED

41000251514

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article VII - Management is being deleted in its entirety and will be replaced with the following Article VII - Management paragraph:
The Company is to be managed by one or more managers, and is, therefore, a manager managed Company. The Company shall be managed by the managers in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name and address of the manager of the Company is:
Allison Frobst - c/o 2101 W. Commercial Blvd., #2800, Ft. Lauderdale, FL 33309.

Dated November 17 , 2010

Signature of a member or authorized representative of a member

Robert S. Forman, Authorized Representative of a Member
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H1000025154