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SECRETARY OF STATE
FAIT AND SSEEL FLORIDA

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: YELLOW BUILDINGS ADMINISTRATORS, 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:

	VALERIA SCHVARTZMAN			
	Name of Person			
	LAW OFFICE OF VALERIA SCHVARTZMAN			
	Firm/Company			
	17100 COLLINS AVE, STE 222			
		Address		
	SU	SUNNY ISLES, FL 33160		
		City/State and Zip Code		
	valeria@schvartzmanlaw.com			
	E-mail address: (t	o be used for future annual report notificat	ion)	
For further information of	concerning this matter, please c	all:		
Valeri	a Schvartzman	at (305) 974.0114		
Name o	of Person	Area Code & Daytime To	elephone Number	
Enclosed is a check for t	he following amount:			
23 \$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	

MAILING ADDRESS:

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

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 APR 30 AM 11: 26 SECRETARY OF STATE TALLAHASSEE FLORIDA

YELLOW BUILDINGS			
(Name of the Limited Liability Company at (A Florida Limited Liabil	it now applity Compan	pears on our records.)	
The Articles of Organization for this Limited Liability Company were Florida document number <u>L10000059635</u>	e filed on	06/02/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company	<u>bere</u> :	
The new name must be distinguishable and end with the words "Limited I "L.L.C."	Liability Co	mpany," the designation "Ll	LC" or the abbreviation
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 registered agent and/or the new registered office address here:	address (on our records, <u>enter ti</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addr	ert t
	ity	, Florida	Zip Code
N D	•		

New Registered Agent's Signature, it 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 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>	Name	Address	Type of Action
MGRM	MIGUEL, RODRIGO S	6209 W COMMERCIAL BLVD STE 7 TAMARAC, FL 33319	Add
			Remove
MGR	REMUDO, CYNTHIA D	6209 W COMMERCIAL BLVD STE 7 TAMARAC, FL 33319	Add
			Remove
MGRM	ALEGRO TRADING, INC.	Punta Pacifica	Add
		Edificio TORRE de La	
		AMERICAS, TORRE B (1) Oficina 301 Republic de Pavano	hha
			Kemove
			Add
			Remove
Manager Section Sectio			Add
			Remove

Page 2 of 3

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D. If amen	nding any other information, enter change(s) here: (Attach additi N/A	onal sheets, if necessary.)
	WA.	

Dated	APRIL 11th 2013	
and the state of t	Duy E His Quio	ve of a thember
	Aura Esther Arias Typed or printed name of signer	
	Page 3 of 3	

Filing Fee: \$25.00

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