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J. SAULSBERRY EXAMINER JAN 27 2011

COVER LETTER

Division of Co				
SUBJECT:	YO'	WAY, LLC		
		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sui	bmitted for filing.		
Please return all corresp	pondence concerning this matter	r to the following:		
	David J. Menkhaus			
		Name of Person		
		Firm/Company		
	17A 20			
		関こす		
		JAN 26 PHIL		
	· · · · · · · · · · · · · · · · · · ·	SEE SEE		
	C P mail address (Imenkhaus@aol.com to be used for future annual report notifica	tion	Po # C
For further information	concerning this matter, please of		iiion) ,	2011 JAN 26 PH 12: 22 SECRETARY OF STATEM TALLIAHASSEE, FLORIDA
	ebbie Renken		94-7910	
Name	of Person	Area Code & Daytime T	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section	R ADDRESS:	
Division of Comparations		Division of Company		

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

. . .

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 C (A Florida Lin	WAY, LLC	ers on our records.)		
The Articles of Organization for this Limited Liability Com Florida document number			and assign	ıed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company he	re:		
YOV	WAY, LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	any," the designation	ZEI SE	reviation
Enter new principal offices address, if applicable:			五元	1
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		N 26	
Enter new mailing address, if applicable:			PM 12: 2	
(Mailing address MAY BE A POST OFFICE BOX)			07 2	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter	the name of t	he new
Name of New Registered Agent:				
New Registered Office Address:	En	nter Florida street aa	ldress	
		, Florida _		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered A	<u>gent:</u>			

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 = Manager

MGRM = Managing Member Title Title <u>Name</u> Address Type of Action David J. Menkhaus MGRM 1900 Glades Road ✓ Add Remove Suite 401 Boca Raton, FL 33431 Gerald Neptune MGR 12615 NW 67th Drive Parkland, FL 33076 Remove ☐ Add ☐ Remove Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 20 2011 Dated Signature of a member or authorized representative of a member David J. Menkhaus

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00