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SECRETARY OF STATE FALL AHASSEE, FLORIDA

D. BRUCE
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EXAMINER.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YACSIM, 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:

Isaac Benmergui

Name of Person

Law Offices of Isaac Benmergui

Firm/Company

1150 Kane concourse, Second Floor

Address

Bay Harbor Islands, Florida 33154

City/State and Zip Code

gaonlaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Isaac Benmergui

{.../}305\397-8547

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 12 DEC -4 PM 5:

APPROVED AND FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAYSY, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records Liability Company)	<u>r</u>)	
The Articles of Organization for this Limited Liability Comparting Horida document number L10000127024.	ny were filed on 12/10/2010	and assigned	
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Company," the designati	ion "LLC" or the abbreviation	1
Enter new principal offices address, if applicable:		,	
(Principal office address MUST BE A STREET ADDRESS)		A SE	
		AHE CONTRACTOR	:
Enter new mailing address, if applicable:		ARY ASSE	FA
(Mailing address MAY BE A POST OFFICE BOX)		PH 5: 0F S I E. FLO	00,
		0.00 H	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		nter the name of the new	<u>′</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
 	, Florid	da Zip Code	
	City	Esp Conc	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

غنز

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jacobo Chirazi		Add
			_ Remove
MOD	7-5 110	4504 00N00DD DWG HNIT 000	
MGR Zafira, LLC	Zanra, LLC	1521 CONCORD PIKE, UNIT 303	_ Add
		WILMINGTON DE 19803 US	Remove
			-
			Add
			Remove
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			12 DEC -4 SECRIAR ALLANASE
			APPROVED AND FILED FILED FILED FILED FIRESTER FIARRESEF. FLORIDE
			38
			Remove
			Add
			Remove

D. If amending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)
Dated November 26	
Con	
ν -	of a member or authorized representative of a member
Jacobo Chirazi	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

APPROVED AND FILED