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EXAMINER



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COVER LETTER

10:	Division of Co			
CIID IE/	ст.	YOUR YEL	LOW HOME, LLC	
SUBJEC	CI:		ted Liability Company	·
The enel	locad Articlas of	Amendment and fee(s) are sul	amitted for filing	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Fr	ederic M. Barthe, Esq.	
			Name of Person	
	Frederic Barthe P.A.			
	Firm/Company			
		1 EAST BROWARD BLVD STE 700		
			Address	
		FORT	LAUDERDALE, FL 33301	
			City/State and Zip Code	
		FMB E-mail address: (@BARTHE-LEIGH.COM to be used for future annual report notific Barton Ba	ation)
For furth	ner information	concerning this matter, please of	•	,
	Freder	ic M. Barthe Esq.	at (954) 5	23 5555
	Name o	of Person	Area Code & Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
\$25.0	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)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen Tallahassee, FL 3230	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR Y	ELLOW HOME, L	LC.		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now app Limited Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited Liability	Company were filed on _	AUGUST 19 201	1 and assi	gned
Florida document numberL1100095389	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company l	here:		
	LLOW HOUSE, LLC			
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Cor	npany," the designation ".	LLC" or the al	obreviation
Enter new principal offices address, if applicable:			Dir a s	
(Principal office address MUST BE A STREET ADD	RESS)		<u> </u>	
			5 5	i kalipating
			整整 2	
Enter new mailing address, if applicable:			[FI] FED TG	1 × 1
(Mailing address MAY BE A POST OFFICE BOX)		·	H ID: 5	S.merent A
			<u> </u>	
			ji.	•
B. If amending the registered agent and/or registered agent and/or the new registered office ade		n our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street add	dress	
		, 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

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

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
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•		~ \	
	Signature of a member	er or authorized representative of a member	
		deric M. Barthe, Esq.	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00