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## **COVER LETTER**

TO: Registration Section Division of Corpo			, .				
SUBJECT: 600 UNITS SOUTH FLORIDA INVESTMENT, LLC							
Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspond	lence concerning this matter	to the following:					
	GREG K GONZALEZ, CPA						
		Name of Person					
	GREG	K GONZALEZ, CPA, F	P.A				
		Firm/Company					
	5201 BLU	JE LAGOON DR. SUIT	E 800				
		Address					
		MIAMI, FL. 33126					
		City/State and Zip Code					
	GREG@C E-mail address: (t	GREGGONZALEZCPA to be used for future annual report	.COM notification)				
For further information con	cerning this matter, please c	eall:					
GREG K G	ONZALEZ, CPA	at ( 305 )	305-629-3569				
Name of F	'erson	Area Code & Da	aytime 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 enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration S Division of C Clifton Buildi	orporations				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 MAY 23 AM 10: 50

600 UNITS SOUT	TH FLORIDA INVES	TMENT, LLC		
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appe ida Limited Liability Company	ars on our records.)		
The Articles of Organization for this Limited Liabili Florida document number		01/24/2012	and assigned	
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the				
YTECH INTERNATIONAL -600 The new name must be distinguishable and end with the "L.L.C."			<u> </u>	
Enter new principal offices address, if applicables				
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2			
Muuing address MAT BE A FOST OFFICE BOX				
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter the	he name of the nev	
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

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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove 
			Add Remove
	·		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  12 MAY 23 AM IO: 50
Dated	/) 0	YAMAL YIDIOS d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00