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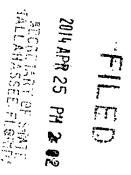
| (Requestor's Name) |
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| Division of Cor | | | | |
|----------------------------|--|---|---|---|
| subject: Ув | OR CAPITAL | LLC | | |
| SOBIECT: | | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Th | OMAS S. MArtic | 10 | |
| | | of Thomas Ma | | |
| | 2018 | East 7th Aven | 2014 APR 25 PH 25 | |
| | Tamp | City/State and Zip Code | HASS | T |
| | +smal. | City/State and Zip Code 50 . PO to be used for future annual report notif | fication) | |
| | E-mail address: (| to be used for future annual report notif | fication) | |
| For further information co | oncerning this matter, please ca | all: | | |
| Name o | comas S. Martino | at (&13) 477- Area Code Daytime | -2645 e Telephone Number | |
| | | | | |
| Enclosed is a check for th | ne following amount: | | | |
| 文 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YBOR CAPITAL LI | LZ |
|--|--|
| (<u>Name of the Limited Liability Compar</u> (A Florida Limited L | |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L 12000020132</u> . | 7 7 |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | lity company here: |
| ·· | 201 |
| The new name must be distinguishable and end with the words "Limited Liabi | |
| Enter new principal offices address, if applicable: | 20 20 E |
| (Principal office address MUST BE A STREET ADDRESS) | The second secon |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | YBOR (APITAL LLZ 301 West Platt Street, Ste. 607 Tampa, FL 33606 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, <u>enter the name of the new</u> : |
| 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| <u>Title</u> | <u>Name</u> | Address | Type of Ac |
|--------------|-------------------|-------------------------------------|---------------|
| MGR_ | Thomas S. Martino | 2018 E. 7th Aue. | |
| | | ZOIS E. 7th Ave. Tampa, FL 33605 | Remove |
| MGR | Marcus Martino | 2018 E. 7th Ave. Tampa, FL 33605 | X Add |
| | | Tampa, FL 33605 | Remove |
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| . If amending any oth | er information, enter change(s) here: (Attach additional sheets, if necessary.) | |
|--|--|--------------|
| | | |
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| | | |
| Effective date, if oth (The effective date must be the date this document is | er than the date of filing: (optional) specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after iled by the Florida Department of State) | |
| Dated | 4-22, 2014. | |
| | Signature of a member or authorized representative of a member | _ |
| | Thomas S. Martino, author of a mem Typed or printed name of signee | Der |
| | | 20 |
| | | 2014 APR 25 |
| | ASSE MASSE | <i>≫</i> |

Page 3 of 3

Filing Fee: \$25.00