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Office Use Only



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12 APR 30 PH 3: 44

MAY - 1 2012 T. HAMPTON

COVER LETTER

TO:		ration Section on of Corporations	
SHRII	ECT:	SIFRINAS YY LLC	
501551		Name of Limited Liability Company	
The en	closed Ar	rticles of Amendment and fee(s) are submitted for filing.	
Please	return all	l correspondence concerning this matter to the following:	
		Yvonne Martin Name of Person	
		SIFRINAS YY LLC	
		Firm/Company	
		1508 15th Terrace Address	
		Palm Beach Gardens, FL 33418	
		City/State and Zip Code City/State and Zip Code City/State and Zi	
For fu	rther infor	ermation concerning this matter, please call:	
		Yvonne Martin at (561) 351-9395 Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a che	heck for the following amount:	
\$25	5.00 Filing	rig Fee \$\bigcits \text{\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$ Certified Copy (additional copy is enclosed)	
·.	٤.	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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 APR 30 PH 3: 44

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevia "L.L.C." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A
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*L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (Mailing address MAY RE A POST OFFICE ROY)
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE POY)
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOY)
(Mailing add-see MAV DE A DOST OFFICE DOV)
(Mailing add-see MAV DE A DOST OFFICE DOV)
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:
Name of New Registered Agent: N/A
New Registered Office Address:
Enter Florida street address

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 MGRM = Managing Member **Address** <u>Title</u> Name 1 Type of Action MGRM Yereidy Canaura 5619 Summit Blvd West Palm Beach, FL 33415 Remove Armando Canaura MGRM 5619 Summit Blvd □ Add West Palm Beach, FL 33415 ✓ Remove Yolanda A. Carias Aparicio MGRM 15 Canterbury Drive ✓ Add Greenacres, FL 33463. Remove MGRM Javier Armando Osorio 6134 Forest hill Blvd #202 **√** Add West Palm Beach, FL 33415 Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A 03/23 Dated member or authorized representative of a member Yvonne Martin

Typed or printed name of signee
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Filing Fee: \$25.00