L120000021855

(Re	questor's Name)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Cartified Conins	Cortificator	of Status
Certified Copies	_ Ceruncates	s of Status
Special Instructions to	Filing Officer:	
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	A. LUI	
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Office Use Only



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May 28, 2014

SKARLETH W ALONZO 14703 SOUTHERN BLVD. LOXAHATCHEE, FL 33470

SUBJECT: SIFRINAS YY LLC Ref. Number: L12000021855

We have received your document for SIFRINAS YY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 714A00011468

Agnes Lunt Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corpo					
SUBJECT: SIFRI	NAS YY LLC				
SUBJECT:		ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspond	dence concerning this matter	to the following:			
	SKARLETH	W ALONZO			
		Name of Person			
				~ 2	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		pe.*
	14703 South	nern Blvd.		ZIN JUL 17 PHIZ: 00	Ī
		Address		(A)	; ;
	Loxahatche	e, FL 33470			:
	man sillana al@ha	City/State and Zip Code		00	
	meryvillareal@ho	DITTAIL.COTT to be used for future annual report notifi	cation)		
For further information cor	ncerning this matter, please ca	all:			
Mery Villarre	eal	_{at} 561, 572-70	075		
Name of I	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)	Certified	e of Status &	

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

SIFRINAS YY LLC	Company as it now appears on our records)			
(A Florida Li	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Com	npany were filed on 02/14/2012	a	nd assiį	gned
Florida document number L12000021855				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation "LLC" of	or the abbrevi	6233	L.C."
Enter new principal offices address, if applicable:			- T-	*********
Principal office address MUST BE A STREET ADDRES	SS)	7: 12		La termania de La ter
				Sandy S
Enter new mailing address, if applicable:		#144 	13. €	في .
Mailing address MAY BE A POST OFFICE BOX)			O	
				•
B. If amending the registered agent and/or register	red office address on our records, o	enter the 1	ame o	f the r
registered agent and/or the new registered office addres			•	
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter Florida street address			
	, Flori	-		
	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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MCR- Manager,

AMBR = Authorized Member **Type of Action** Name Address Title **Martin James** 1508 15Terrace **MGR** □ Add Palm Beach Gardens, Remove FI, 33418 1508 15Terrace Yvonne Martin MGR □ Add Palm Beach Gardens, FI, 33418 Remove □ Remove □ Add ☐ Remove □ Add ☐ Remove

•	in & Yvonne Martin leaves the o	
		
ective date, if other the	an the date of filing: May 15, 2014	(optional)
effective date must be specif	ific, cannot be prior to date of receipt or filed date and cannot be reported by the Florida Department of State)	more than 90 days after
_{ted} May 15	2014	
iea		
	Studies sex	
	Signature of a member or authorized representative of	a member
	Skarleth W Alonzo Typed or printed name of signee	
-	Typed of printed name of signed	
		~ * · · · · · · · · · · · · · · · · · ·
		2014 JULI PALLAND

Page 3 of 3

Filing Fee: \$25.00