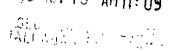
11/9/2018



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I2018000011 : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:		
. FMAIL BUULESS'		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YMP PALO VERDE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 14694451465 Date: 11/09/18 Time: 9:31 AM Page: 02/04

(((H180003236573)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YMP Palo Verde, LLC (Name of the Limited Limitity Company as it now appears on our records.) (A Florida Limited Limitity Company)		
(A Florida Limited Liability Company)	= []	
The Articles of Organization for this Limited Liability Company were filed on March 8, 2012	and assigned	
Florida document number L12000033846	10	
This amendment is submitted to amend the following:		
A. If amending name, cuter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on our records, enterepistered agent and/or the new registered office address here:	er the name of the new	
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
, Florida	, Florida	
Cir.	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 a provisions of all statutes relative to the proper and complete performance of my duties, and I are	agree to comply with the n familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP/\$	Sacha DeSouza	2915 NW 60th Avenue Sunrise, FL 33313	
			■ Remove
			□ Change
			□ Remove
			□ Change
			D Add
			Remove
			□ Change
			☐ Add a
			Change Add
			□ Remove
			Change
			Remove
			□ Change

To: 18506176381 From: 14694451465 Date: 11/09/18 Time: 9:31 AM Page: 04/04 Nov 08 2018 11:54AM HP FaxTMLFPA 3056725650 page 6 (((H18000323657 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of fling: (Lif on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Notes. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective dute on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. ಹೆ: Dated

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Typed or printed name of signor

Signature of a member or authorized representative of a member

Moshe Bopsck

Filing Fee: \$25.00

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