L120000H1250

(Re	equestor's Name)				
(Address)					
. (Address)					
(Cit	ty/State/Zip/Phone	e #)			
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(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	CHAUDRA HENRY Name of Person
	YASHA REALTY LLC Firm/Company
	238 DINNER LAKE PLACE
	LAKE WALES FX 33859 City/State and Zip Code
· ·	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
<u>Chr</u>	Name of Person at (863) 228 - H511 Area Code & Daytime Telephone Number
	is a check for the following amount: Filing Fee \$\frac{30.00 \text{ Filing Fee & Certificate of Status}}{20 \text{ Certificate of Status}} \text{ S55.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \$\frac{30.00 \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}}{20 \text{ 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**

YASHA KEALTY LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on MARCH 26,2012 and assigned		
Florida document number <u>L120000H1250</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbrevi		
The new name must be distinguishable and end with the words ^d Limited Liability Company," the designation "LLC" or the abbrevi "L.L.C."	atior	
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)		
(making agaress MAT BE A FOST OFFICE BOA)		
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:	nev	
registerett agent antwor the new registeren onite anturess here.		
Name of New Registered Agent:	_	
New Registered Office Address:		
Enter Florida street address	Enter Florida street address	
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 = M MGRM =	lanager Managing Memb	er		
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add Remove
				Add Remove
				Pamoria
				- minut
	·			Domaria
				Add Remove
D. If ame	nding any other in	formation, enter char	nge(s) here: (Attach additional sheets, if nece	essary.)
-	·			12 SE
Dated	8 6 2012			AUG -8 PM 7: CRETARY OF ST LAHASSEE. FLO
		CHANDRA	ber or authorized representative of a member HENPY ed or printed name of signee	D 1 7: 97 STATE FLORIDA

Page 2 of 2

Filing Fee: \$25.00