#1 12000072079

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12 JUN -8 PN 4: 39

SECRETARY OF STATE
ALL MIASSEF FRORDA

K.SALY EXAMINER JUN 11 2012



June 7, 2012

GLORIA BERMAN RE: YONDO, LLC 100 BEACH RD, APT. 302 TEQUESTA, FL 33469

SUBJECT: YONDO LLC Ref. Number: L12000072079

We have received your document for YONDO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 412A00016164

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: YONDO LLC Name of Limited Liability Company
	Name of Limited Liability Company
The e	sclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	GLORIA BERMAN
	Name of Person
	YONDO LLC
	Firm/Company
	100 BEACH ROAD Apt. 302 TEQUESTA, FL 33469
	TEQUESTA FL 33469
	GLORIA BERMAN' @ GMAIL' COM E-mail address: (to be used for fiture annual report notification)
For fu	rther information concerning this matter, please call:
_(Name of Person at (56) 676 - 660 Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:
X \$2	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \ \ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \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

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12 JUN -8 PM 4: 39

YONDO 4	NATION OF STATE (ALLAHASSEE, PLORIDA	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{5}{30}$ $\frac{20}{20}$ and assigned	
Florida document number <u>LIA DODO 7</u> 2	079	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab		
DOUALE BLESS	INGS LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation	
r new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
Enter new mailing address, if applicable:	Sane	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		
	<u>-</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zin Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as régistered 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:

<u>te</u>	<u>Name</u>	Address	Type of Actio
			Add Remove
			Add Remove
·			Add Remove
 -			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
			_

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Filing Fee: S25.00

MGR = Manager