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B. BOSTICK

JUL - 9 2012

EXAMINER

COVER LETTER

FO: Registration S Division of Co	Section orporations				
SUBJECT:	YES MAN	AGEMENT LLC			
	Name of Limit	led Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	•	NG, YAN FEE			
		Name of Person			
	VE	S MANAGEMENT LLC			
		Firm/Company			
	606	3 STRADA ISLE WAY,			
		Address			
•	C	ORLANDO, FL 32835			
		City/State and Zip Code			
	post	n_design@yahoo.co.uk to be used for future annual report notific		∑ 0 _	
For further information	concerning this matter, please c	·	eatton)	LL AHA	=
N	IG, YAN FEE		9638539	-6 -85E	: 11
Name	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:			- 0810 - 0810 - 0810 - 0810	
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	g Fee. of Status &	
	LING ADDRESS: stration Section	STREET/COURII Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YES MANAG	EMENT LLG	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL12000078035	were filed on06/12/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited ligh	oility company here:	
The new name must be distinguishable and end with the words "Limi"E.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	6063 STRADA ISLE WAY,	
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32835	25 7
Enter new mailing address, if applicable:	6063 STRADA ISLE WAY .	6
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32835	
•		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the new
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street d	uddress
	, Florida	
	City	Zin 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 = Manager

	Name	Address	Type of Actio
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	ding any other information, enter chang		if necessary.)
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		or or authorized representative of a mem	AM 9: 16

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Filing Fee: \$25.00