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(((H170001590753)))



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## YANAR INVESTMENT LLC

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PAGE 01/05

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June 15, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YANAR INVESTMENT LLC PO BOX 557578 MIAMI, FL 33255

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SUBJECT: YANAR INVESTMENT LLC

REF: L12000083896

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet. Please complete the enclosed form and return it to us with a check for \$ in order to complete your reinstatement.

13

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

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Karen A Saly Regulatory Specialist II FAX Aud. #: H17000159075 Letter Number: 417A00012112

SECRETARY OF STATE

H 1

P.O BOX 6327 - Tallahassee, Florida 32314

417000159075

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## YANAR INVESTMENT, LLC

The Articles of Organization for this Limit assigned Florida document number		are filed on <u>June 26</u>	. <u>2012</u> an	d	
This amendment is submitted to amend t	he following:				
A. If ameriding name, enter the new n	<i>)</i> (4				
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC" or the a	bbraviation:"L.L.C.	_	
Enter new principal offices address, if applicable:		814 Ponce de Leon Bivd			
(Principal office address MUST BE A STREET ADDRESS)		Suite 310			
		Coral Gables, FL 33	134		
Enter new mailing address, if applicable:		814 Ponce de Leon Blvd			
(Mailing address MAY BE A POST OFFICE BOX)		Sulte 310		_	
	•	Coral Gables, FL 33		_	
B. If amending the registered agent an name of the new registered agent and				=	
Name of New Regletered Agent:	Orlando Hovos, CP.	Α	07 g	ン D	
New Registered Office Address:	814 Ponce de Leon	Blvd, Suite 310		اد	
	Coral Gable		33134 Zlp 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 Agest, Bignature of New Registered Agent

` Page 1 of 3

PAGE 03/05

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 Type of Action Address Title Name 814 Ponce de Leon Blvd o Add MGRM Bomnin, Yanisley o Remove Suite 310 A Change Coral Gables, FL 33134 X Add 814 Ponce de Leon Blvd AMBR. Bomnin, Arnaldo o Remove Suite 310 Coral Gables, FL 33134 o Change o Add o Remove o Change o Add o-Remove AUSTE BESTARE STATE OF STATE O o Add

Page 2 of 3

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o Change

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ed June	7	2017	·	•	
<i>((</i> ★)	Signature of a reamber or autic	Mary Mary and allow	o of a member		
	Signature of a mornioer of surfic	A PARTIE OF			