

C12000093592

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.

(((H13000149864 3)))



H130001498643ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6363

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YMP WHISPERING PALMS, LLC

63649

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

13 JUL -2 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 3 2013

T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

H13000149864

4

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

YMP WHISPERING PALMS, 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 July 18, 2012 and assigned
Florida document number L12000093592

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 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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

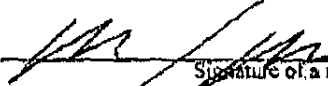
Page 1 of 3

H13000149864

H13000149864

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated July 2, 2013



Signature of a member or authorized representative of a member
Moshe Popack

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 JUL -2 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000149864

07/02/2013 04:12 30563393696

EMPIRE CORP