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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BOYER LAW FIRM, P.L.

Enter only one email address please.**

Account Number : 120100000071

Phone Fax Number

annual report mailings

: (904)236-5317 : (904)371-3935

**Enter the email address for this business entity to be used for future

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

YELLOWKORNER FLORIDA LLC

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S. YOUNG

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Corporate Filing Menu

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	¥ .	COVER LETTER		
TO: Registration So Division of Co			.	
YELLOW	KORNER FLORIDA, LLC			
SUBJECT:	Name of Lim	ited Linbility Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	٠	
Please return all correspo	ondence concerning this matter	to the following:		
	Francis M. Boyer, Esq.			
Name of Person				
Boyer Law Firm, P.L.				
Firm/Company				
9471 Baymeadows Road, Suite 404				
		Address	•	
	Jacksonville. FL 32256			A SHOP
	Office@BoyerLawFirm.co	City/State and Zip Code m		FILED July 22 F JETANY OF AHASSEE!
	E-mail address: (to be used for future annual report notifi	cation)	能でで
For further information of	concerning this matter, please c	all:		LED 122 MID IASSEE, FLOR
Francis M. Boyer		904 236-5317 at ()		0.00 A 21
Name o	of Person		Telephone Number	—— ≥ o
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

TELLOW KORNER FLORIDA LI	: =	
(Name of the Limit	ed Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited L. Florida document number L12000115119	iability Company were filed on	09/07/2012 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company	<u>y here</u> :
The new name must be distinguishable and contain the w	ords "Limited Liability Company." (the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	₹ 5
		TRUE TI
Enter new mailing address, if applicable:		SS 22
(Mailing address MAY BE A POST OFFICE BOX)		# F 0
		F 21 =
	_	
D. 16 amount on the market of annual could	land and the second of the second disease.	5 26 26
registered agent and/or the new registered of		on our records, enter the name of the new
Name of New Registered Agent:	Boyer Law Firm, P.L.	
New Registered Office Address:	9471 Baymeadows Road, Suit	c 404
Man Hadistana amaa haaraab	Enter	Florida street address
	Jacksonville	, Florida ³²²⁵⁶
	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 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 Agent, Signature of New Registered Agent

Page 1 of 3/

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
	·			
			□ Remove	
,			□ Change	
			Add	
			☐ Remove	
			☐ Change	
			F B Add	
			TO Change	
			Change O 27	
			PARK 27	
		-	☐ Remove	
			☐ Change	
			Add	
			Remove	
			☐ Change	
			□ Add	
			Remove	
			Change	

	ing any other information, enter chended as to Registered Agent only.					
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(If an effective Note: If the	date, if other than the date of filing; we date is listed, the date must be specific and the date inserted in this block does not me is effective date on the Department of St	cannot be prior to da cet the applicable	te of filing or more than 90 d statutory filing requireme	_ (optional) lays after filing.) Pursuant t ents, this date will not be	o 605.020 e listed a	7 (3)(b) s the
document	s exterive date on the pepartment of St	aic 3 records.				
the record) The 90	d specifies a delayed effective da th day after the record is filed.	ate, but not an	effective time, at 1	2:01 a.m. on the e	arlier o	of:
Dated	21/06/2015			•		
DARCO	2170012010	 ,				
	Signature of a m	ember or authorized	representative of a member	r	_	
	•	-	•			
		Guy CHASS	INON ne of signee			

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