

L12000 116134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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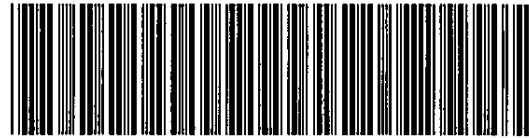
(Business Entity Name)

(Document Number)

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FILED  
14 MAY 12 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 20 2014

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**YELLOWKORNERFLORIDA BOCARATON 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 09/11/2012 and assigned Florida document number L12000116134.

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)**

5090 PGA BLVD STE 200

PALM BEACH GARDEN FL 33418

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

5090 PGA BLVD STE 200

PALM BEACH GARDEN FL 33418

**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 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**

STATE OF FLORIDA  
TALLAHASSEE  
14 MAY 12 AM 10:2

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

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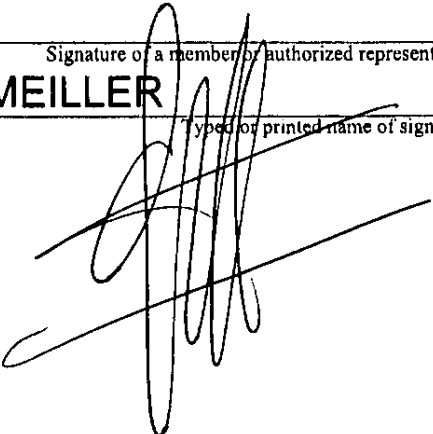
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 05/06, 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
**PIERRE MEILLER**  
\_\_\_\_\_  
Typed or printed name of signer



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Filing Fee: \$25.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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