

**L12000116134**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BOYER LAW FIRM, P.L.  
Account Number : I20100000071  
Phone : (904)236-5317  
Fax Number : (904)371-3935

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

Email Address: Office@BoyerLawFirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
YELLOWKORNERFLORIDA BOCARATON LLC**

RECEIVED  
15 JUN 22 PH 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
15 JUN 22 AM 10:27  
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TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
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JUN 23 2015

**S. YOUNG**

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: YELLOWKORNERFLORIDA BOCARATON LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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  
 \_\_\_\_\_  
 City/State and Zip Code

Office@BoyerLawFirm.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Francis M. Boyer \_\_\_\_\_ 904 236-5317  
 Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

FILED JUN 22 AM 10:27 SEC STATE OF FLORIDA TALLAHASSEE, FLORIDA

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: Boyer Law Firm, P.L.

New Registered Office Address: 9471 Baymeadows Road, Suite 404

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA

FILED

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

Amended as to Registered Agent only.

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**E. Effective date, if other than the date of filing:** N/A (optional)  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
 (b) The 90th day after the record is filed.

Dated 21/06/2015 \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Guy CHASSINON  
 \_\_\_\_\_  
 Typed or printed name of signee