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L12000126493

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN - 3 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: YF DORAL 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:

ISAAC HALWANI

Name of Person

YF DORAL LLC

Firm/Company

1801 NE 123 ST SUITE 313

Address

N. MIAMI FL. 33181

City/State and Zip Code

ISAAC@FROZENWHEELS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISAAC HALWANI

Name of Person

305 7992258

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

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TALLAHASSEE, FLORIDA

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

YF DORAL 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 OCTOBER 03, 2012 and assigned
Florida document number L12000126493.

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)

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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: ANGEL J. LIMONGI

New Registered Office Address: 9820 NW 8th TERRACE

Enter Florida street address

MIAMI, Florida 33172
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.

Angel Limongi
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

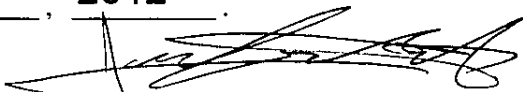
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANGEL J LIMONGI	9820 8th TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33172	<input type="checkbox"/> Remove
MGRM	BHPA LLC	1801 NE 123st STE 313	<input type="checkbox"/> Add
		N. MIAMI, FL. 33181	<input checked="" type="checkbox"/> Remove
MGR	YOGEN DORAL	789 CRANDON BLVD APT 405	<input type="checkbox"/> Add
		KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated DECEMBER, 12, 2012



Signature of a member or authorized representative of a member

ISAAC HALWANI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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