

L130000060261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

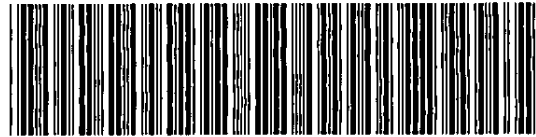
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



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05/28/13--01047--005 **25.00

FILED
MAY 28 2013
AM 8:59

2013 MAY 28 AM 8:59

J. SAULSBERRY
EXAMINER
MAY 28 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YELLOWSTONE ASST MGMT 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:

LINDSEY SIERENS

Name of Person

Firm/Company

5644 Tavilla Cir Suite 206

Address

Naples FL 34110

City/State and Zip Code

yellowstone.trades@yahoo.com

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

For further information concerning this matter, please call:

LINDSEY SIERENS

Name of Person

at (518) 728 1686

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Yellowstone Asst MGMT 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 April 24, 2013 and assigned Florida document number L13000060261

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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CLERK OF THE CIRCUIT COURT	
JUDICIAL CIRCUIT IN AND FOR	
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:

LINDSEY SIERENS

New Registered Office Address:

5644 Tavilla Cir Suite 206

Enter Florida street address

Naples

City

Florida

34110

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Lindsey Sierens

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.

Lindsey Sierens
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

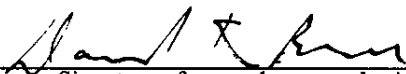
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LINDSEY SIERENS	5644 Tavilla Cir	Add
		Suite 206	Remove
		Naples FL 34110	
MGR	DAVID BROWN	5644 Tavilla Cir	Add
		206	Remove
		Naples FL 34110	
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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FILE

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

Dated May 21, 2013



Signature of a member or authorized representative of a member

DAVID K. BROWN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FBI - NEW YORK