# L17000065847

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	#)
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(D:	ocument Number)	
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SEP 1 4 2016 Y SULKER



August 4, 2016

JUSTIN DYE 2856 FALLING TREE CIRCLE ORLANDO, FL 32837

SUBJECT: YNI ALLIGATORS LLC Ref. Number: L13000065893

We have received your document for YNI ALLIGATORS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00016453

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:		ion Section of Corporation	15			
SUBJE	CT.	YNT	ALLIGATORS	LLC		
SODJE		<i></i>	ALLIGATORS  Name of Limited	Liability Company		
The end	closed Artic	les of Amendn	nent and fee(s) are submit	ted for filing.		
Please	eturn all co	rrespondence o	concerning this matter to t	he following:		
			JUSTIN MA	Dye		
				Name of Person		·····
			Na	•		
			/	Firm/Company		
			0856 FALLIN	16 TRUE	CIRCLE	
				Address		
		(	Justind ye 10.  E-mail address: (to b	32837		· · · · · ·
			ر. رور می <b>آن</b> کا	City/State and Zip Cod	e M	
·			E-mail address: (to b	e used for future annua	al report notification	)
For fur	ther informa		g this matter, please call:			
7	schh ì	\u_0		407	つつりゃっ	.4/3
	7011 T	Name of Person		Area Code	Daytime Telep	hone Number
Enclos	ed is a checl	k for the follov	ving amount:			
\$2:	5,00 Filing I		0.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		□ \$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

YNI ALLIGATOR					
(Name of the Limited Lia (A Flo	<b>bility Company</b> rida Limited Liab	as it now appears pility Company)	on our records.)		
The Articles of Organization for this Limited Liabilit Florida document number 1300006589		ere filed on	5/6/13	and assi	igned
This amendment is submitted to amend the following	; <b>;</b>				
A. If amending name, enter the new name of the	imited liabilit	y company her	<u>·e</u> :		
The new name must be distinguishable and contain the words "	Limited Liability	Company," the de	signation "LLC" or the	e abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:	_	6515	INTERN	JATIONA	LDR
(Principal office address MUST BE A STREET AD	DRESS)	ORLAND	30, FL 32	2819	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	- ! -	GSIS ORLAND	INTERNA NO PL 3	FIONAL	Φ).
B. If amending the registered agent and/or registered agent and/or the new registered office a		e address on	our records, ent	er the name	
Name of New Registered Agent:	MI	CHAEL	INKS MTTOWAL		PH 4:57
New Registered Office Address:	6313	INIERS Enter Flori	ATTOVAL da street address	DK :	
	ORLAND	so	, Florida	3283	7
		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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Justin Dye	2856 falling tree circle	
		07cm00, FC 32837	Remove
			Change
MGR	Juhn Wagonblast	2856 falling tree circle	
		ORLANDU, Fr 32837	Remove
			Change
MIR	Flaud Morassiez	2856 falling tree circ	C Add
		orlando, fl 32837	Kemove
	/ / /		Change
MGR	Michael Inks	6515 INTERNATIONAL 32819	D. Cr Add
		ORLANDO, Fr 2007	
			Change
18K	Micah Leon	COSIS INTERNATIONS 32819	J.W.
		ORLANDO, FL STE	Remove
		<del></del>	Change
			Add
		,	☐ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Michael Inks & Micah Leon assume owners HIP
50/50 on June 1st 2016 OF YNI ALLIGATORSKE
50/50 on June 187 2016 OF YNI ALLIGATORS, CO Justin Dire 100% OWNER AND FLAVIO
MORRISSIEY, JOHN WAGONBLAST HAVE ASSIGNED
OWNERSHIP TO THE SAIN PARTIES
MICHAEL INKS & MICAH LEON.
E. Effective date, if other than the date of filing: June 1st 2016 (optional)
(If an effective date, it of 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 08/28/16
and
Egnature of a member or authorized representative of a member
Justin Dxe
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00