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COVER LETTER

TO: Registration Se Division of Cor						
	d Estate, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Andrea Emans					
		Name of Person				
	KKOS Lawyers					
		Firm/Company				
	1883 W. Royal Hunte Driv	ve Suite 200-A				
		Address				
	Cedar City, UT 84720					
		City/State and Zip Code				
	E-mail address: (to be used for future annual report notifica	ition)	<u> </u>	2013	
For further information of	concerning this matter, please co	all:			ارادا ایت	7
Andrea Emans		435 586-9366			- 65	en areas
Name o	of Person		elephone Number	•.	₹ -:	in and
Enclosed is a check for t	he following amount:				2 9	
■ \$25.00 Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fili Certificate Certified (additional of	e of Status Copy		

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

YVera Real Estate, 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 05/13/2013 ___ and assigned Florida document number L13000069820 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: YVera, LLC 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) 1835 E. Hallandale Beach Blvd, Ste 847 Enter new mailing address, if applicable: Hallandale Beach, Florida 33009 (Mailing address MAY BE A POST OFFICE BOX) 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

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title <u>Address</u> **Type of Action** <u>Name</u> _D Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change _□ Add □ Remove ☐ Change □ Add □ Rémover ___ Change · ___ Affi _□ Remove ☐ Change □ Add □ Remove ☐ Change

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fective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filir ote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
April Signature of a member or authorized represen	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00