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Special Instructions to	Filing Officer	
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SECRETARY OF STATE

AUG 1 3 2013 J. BRYAN

COVER LETTER

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Registration Section Division of Corporations

SUBJECT:

A-CIK & YI, 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:



Name of Person

Firm/Company

800 N. Ferncreek Ave.

Address

Orlando, FL 32803

City/State and Zip Code

sangharris@aol.com

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

For further information concerning this matter, please call:

Sang N. Harris

 $_{at}$ (407) 895-60 36

Name of Person

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 ARTICLES OF ORGANIZATION OF

· ARTICLES	OF AMENDME	ENT
	TO	TION Dears on our records.) y)
ARTICLES	OF ORGANIZA	TION des E
•	OF	
•		
A-CIK & YI, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now app	oears on our records.)
(A Florida El	mined Elabinty Company	
The Articles of Organization for this Limited Liability Co	ompany were filed on C	07/29/2013 and assigned
Florida document number 113000107019		,
Torred document hamoer	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company l	<u>here</u> :
A-HANABE-YI, LLC		
The new name must be distinguishable and end with the word	ls "Limited Liability Con	npany," the designation "LLC" or the abbreviation
"L.L.C."	•	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	FCC)	
Trincipal office address MOST BE A STREET ADDRE	<u></u>	··
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		······································
B. If amending the registered agent and/or registe		n our records, enter the name of the new
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.		Enter Florida street address
		59. · · 1
	City	, Florida Zip Code
	City	Dip 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.

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

MGR = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Renave
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	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00