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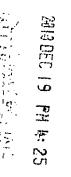
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	YCTH, 22 Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JOHA	V PAUL BERKE Name of Person	
		TH, LLC	
	2012	5. FL Avenue	
,		D FC 33803 City/State and Zip Code	
		City/State and Zip Code TAMPABON. TR. Com o be used for future annual report notificat	
For further information co	oncerning this matter, please c	ail:	
Name of	M BERKE Person	at (<u>863) 660, 113</u> Area Code & Daytime To	elephone Number
Enclosed is a check for th	e 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 TO ARTICLES OF ORGANIZATION OF

YCTH	4C				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our re ability Company)	cords.)			
The Articles of Organization for this Limited Liability Company	were filed on <u>\ て / 16</u>	/13a	nd assigne	ed	
Florida document number 800 754 75 7678	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
NW					
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company," the des	signation "LLC" o	or the abbro	eviation	
Enter new principal offices address, if applicable:		1×*.	, <u>F</u>	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	N	U 100		د سروا ه ، س ور <u></u> د	
				- 	
		11. 17.1			
Enter new mailing address, if applicable:		11 2	\``		
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u> <u>N</u>		<u></u>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ds, enter the na	ame of th	<u>ne new</u>	
Name of New Registered Agent:	NA				
New Registered Office Address:	•				
	Enter Florida	Enter Florida street address			
	,]	Florida			
	City		p Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of my dut provided for in Chapter 608	ies, and I am fa. 8, F.S. Or, if thi.	miliar wii s docume	th and	

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>	Address	Type of Action
MOR	Russ Artille	"SAME"	∠ Add
			Remove
MOR	SCOTT BORDERS	"SAMZ	Add Remove
MGR	SCOTT WHITLEY	"SAME" 3	Add The Remove
<u>146 R</u>	Sumeet KAUL	"SAME"	Add Remove
MGR	SCOTT BATES	"SAME"	_
	NIA		Add Remove

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	(1001C						
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		WERS A		OT INC	INDED		
ated 12	/17/13	701;	3 ED				
	Signa	ture of a member of	r printed name of				
		i yped o	Page 3 of 3	signee			
,		Fil.	ing Fee: \$25.0			7 5 7 5	330 882

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