

L14 600004375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

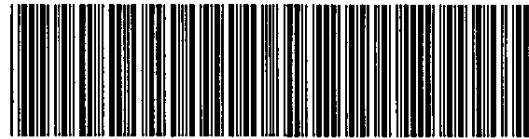
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 16 PM 12:50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YPF, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gene Cunningham

(Contact Person)

YPF, LLC

(Firm/Company)

1020 Illinois ave

(Address)

Palm Harbor, FL 34683

(City/State and Zip Code)

For further information concerning this matter, please call:

Gene Cunningham

(Name of Contact Person)

at (727) 669-8006

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 16 PM 12:50

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YPF, 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 1/8/14 and assigned
Florida document number L1400004375.

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)

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

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Andrew W. Williams	1575 Indian River Blvd Suite C240	<input type="checkbox"/> Add
		Vero Beach, FL 32960	<input checked="" type="checkbox"/> Remove
MGR	Gene Cunninham	1020 Illinois Ave	<input checked="" type="checkbox"/> Add
		Palm Harbor, FL 34683	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 2016 MAY 16 PM 2:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

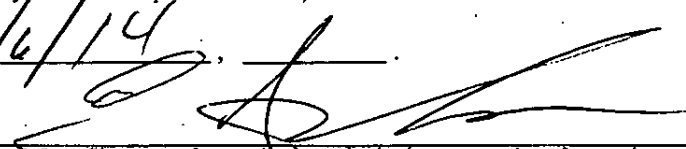
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

5/6/14



Signature of a member or authorized representative of a member

GENE CUNNINGHAM

Typed or printed name of signee

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TALLAHASSEE, FLORIDA