<u>L14000014119</u>

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COVER LETTER

Division of Cor			
SUBJECT: YFR	Referral Netw	ork LLC	
SUBJECT.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Susan T. Mo	orris	
	7 10/12 12 12 17 17 17 17 17 17 17 17 17 17 17 17 17	Name of Person	
	YFR Referra	al Network LL	C
		Firm/Company	
	6023 Winthr	op Commerc	е
		Address	
	Riverview, F	FI. 33578	
		City/State and Zip Code	
	susie.yellowfin@g	JMail.com (to be used for future annual repo	
		·	on nouncation)
For further information c	oncerning this matter, please c	all:	
		₃₁ 813 229	9-8862
Name o	f Person	Area Code I	Daytime Telephone Number
Francis a short for a	(- C. II		
Enclosed is a check for the	ne 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

YFR Referral Network 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 1/28/2014 Florida document number L14000014119 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

MGR = Manager AMBR = Authorized Member **Title Type of Action** <u>Name</u> **Address Luke Morris** _□ Add ■ Remove ☐ Add ____ □ Remove ☐ Remove _□ Remove ζ., □ Add ☐ Remove _____ Remove

Add: Shareholder	
Luke Taylor Morris 225 Hopkins St. Neptun	e Beach Fl.
William Morris 304 Glendale Dr. B	Brandon Fl. 33511
	3. 10.111
John Charles Morris, Jr. 2107 Dillon Ct. Val	rico Fl. 33596
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Filing Fee: \$25.00