L 14000019415

(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Dec	iment Number)	
J. J	iment Number,	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	
.,		

Office Use Only



100262415871

07/30/14--01017--003 **25.00

14 JUL 30 PH 5: 02

EATH

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Yenzy LLC	
50000011	e 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:
David Ha	ammer
-	Name of Person
Yenzy Ll	_C
	Firm/Company
4830 We	est Kennedy Blvd, Suite 600
	Address
Tampa, I	FL 33607
	City/State and Zip Code
	nammerbiz.com Idress: (to be used for future annual report notification)
For further information concerning this matter, p	
David Hammer	_{at (} 813 ₎ 7862620
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee	& □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of St	
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yenzy LLC			
(<u>Name of the Limiter</u> (A	<u>l Liability Compa</u> A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number \(\frac{\pm1400010410}{\pm2}\)	bility Company	were filed on 02/04/2014 20019415	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liabi	ility company here:	
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designation "LLC" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applical	ble:	Yenzy LLC attn David Hammer	
(Principal office address MUST BE A STREET	ADDRESS)	4830 West Kennedy Blvd., Suite 6	500
		Tampa, FL 33602	
Enter new mailing address, if applicable:		Yenzy LLC attn David Hammer	
(Mailing address MAY BE A POST OFFICE B	OX)	4830 West Kennedy Blvd., Suite 6	300
		Tampa, FL 3360 <u>D</u> .	
B. If amending the registered agent and/o registered agent and/or the new registered offi Name of New Registered Agent: New Registered Office Address:	ce address here	Kennedy Blvd., Suite 600	1 4.
New Registered Agent's Signature, if changing Re	Tampa	Florida 33602	PR 11

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, <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 <u>Title</u> **Name** Address **Type of Action M**itchell Hammer 4830 W. Kennedy Blvd Suite 600 ☐ Remove Tampa, FL 33607 4830 W. Kennedy Blvd. All Guy Holliday Suite 600 ☐ Remove Tampa, FL 33607 \square Add ☐ Remove ☐ Remove

f amending any other information	n, enter change(s) here: (Attach additional sheets, if nec	essary.)
Effective date, if other than the da	te of filing: (option prior to date of receipt or filed date and cannot be more than 90 days	ional)
the date this document is filed by the Florid	la Department of State)	unci
Dated Tuly 30	2014	
Suri	Hamm	
David Hammer	mature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

