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SECRETARY OF STATE

FEB 2 7 2013

T. HAMPTON

COVER LETTER

	ration Section on of Corpora				
SUBJECT:	ellowf	in Realty Delra	ay Beac	h L.L.C.	
SUBJECT:			Liability Company	111111111111111111111111111111111111111	
The enclosed A	rticles of Ame	endment and fee(s) are submitt	ed for filing.		
Please return all	corresponder	nce concerning this matter to th	ne following:		
		Luke Morris			
	• -		Name of Person		
	,	Yellowfin Real	lty		
	_		Firm/Company		
	•	321 10th Ave	N		
	_		Address		, , , , , , , , , , , , , , , , , , ,
		Jacksonville B	Beach, F	L 32250	
			ity/State and Zip Co		
		ukemorris@yellowf E-mail address: (to be			
			used for future ann	iuai report notificatio	n)
For further infor	rmation conce	rning this matter, please call:			
Luke M	lorris		at (904)	437-453	<u>.1 </u>
	Name of Pers	son	Area Code	Daytime Tele	phone Number
Enclosed is a ch	eck for the fo	llowing amount:			
■ \$25.00 Filin	ng Fee □	1 \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing For Certified Copy (additional copy is	/	□ \$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

Yellowfin Realty Delray Beach L.L.C.		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	•
The Articles of Organization for this Limited Liability Compa.	ny were filed on 2/11/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2011 TAL
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		B 26 MI
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		24 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 Title Name **Address** Type of Action **LUKE MORRIS** 321 10TH AVE N **MGR** □ Add JACKSONVILLE BEACH, FL 32250 Remove **LUKE MORRIS** 321 10TH AVE N AMBR JACKSONVILLE BEACH, FL 32250 ☐ Remove ☐ Add □ Remove □ Add ☐ Remove ☐ Add

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	e date, if other than the date of filing:
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Page 3 of 3

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