

L14000023487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 27 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yellowfin Realty Delray Beach L.L.C.

Name 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:

Luke Morris

Name of Person

Yellowfin Realty

Firm/Company

321 10th Ave N

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

lukemorris@yellowfinrealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luke Morris

Name of Person

at (904) 437-4531

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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	LUKE MORRIS	321 10TH AVE N	<input type="checkbox"/> Add
		JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Remove
AMBR	LUKE MORRIS	321 10TH AVE N	<input checked="" type="checkbox"/> Add
		JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 2/5/2014, _____



Signature of a member or authorized representative of a member

LUKE MORRIS

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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