

L14000023487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000257624100

03/10/14--01031--008 **25.00

FILED
2014 MAR 10 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED MAR 11 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Yellowfin Realty Delray Beach LLC

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:

Susan T. Morris

Name of Person

Yellowfin Realty Group

Firm/Company

6023 Winthrop Commerce Ave.

Address

Riverview, FL 33578

City/State and Zip Code

susie.yellowfin@gmail.com

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

For further information concerning this matter, please call:

Susan Morris

Name of Person

813 229-8862

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 MAR 10 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

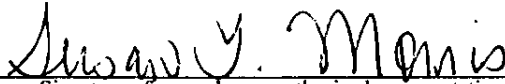
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Luke Morris	321 N. 10th Ave.	<input type="checkbox"/> Add
		Jacksonville, Fl.	<input checked="" type="checkbox"/> Remove
MGR	Susan T. Morris	6023 Winthrop Commerce Ave.	<input checked="" type="checkbox"/> Add
		Riverview, FL. 33578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

. 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 March 6, 2014



Signature of a member or authorized representative of a member

Susan T. Morris

Typed or printed name of signee

FILED
2014 MAR 10 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA