14000043858

		
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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COVER LETTER

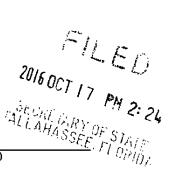
	ision of Cor			
SUBJECT:	YES JULZ	LLC		
SUBJECT.		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BRENDA SCHAMY		
			Name of Person	
		DISCHINO & SCHAMY,	PLLC	
			Firm/Company	
		4770 BISCAYNE BLVD,	SUITE 1280	
			Address	
		MIAMI, FL 33137		
			City/State and Zip Code	
		BRENDA@DSMIAMI.CO		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please c	all:	
BRENDA S	СНАМҮ		786 581-2542 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
₩ \$25.00 F	iling 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



YES JULZ 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 Liab Florida document number L14000043858	ility Company were filed on 3/17/2014	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office address on our recor	ds, enter the name of the nev
registered agent and/or the new registered office	<u>e address here</u> :	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street addr	ress
_	, I	Florida
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR'= Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	OLIVIA ORMOS	429 LENOX AVE., MIAMI BEACH, FL 33139	Add
			□ Remove
			Change
			🗆 Add
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			Remove Change
			Change: 22
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ument's	effective date on the	Department of State's re	cords.		
record	specifies a delay	ed effective date, b	ut not an effec	tive time, at 12:	01 a.m. on the earlier
	day after the re			,	
á	Oct 12, 2	2016			
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	Julieanna G Julieanna Goddard (Oct				
				ntative of a member	

Page 3 of 3

Filing Fee: \$25.00