

L14000048662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

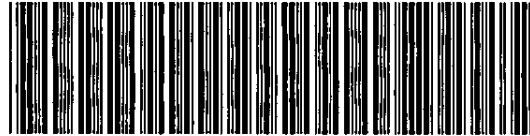
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 OCT 23 PM 3:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 24 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2014

JASON KATZ
JASON D. KATZ P.A.
3325 S. UNIVERSITY DRIVE, SUITE 210
DAVIE, FL 33328

SUBJECT: YES HOTEL STAFFING LLC
Ref. Number: L14000048662

We have received your document for YES HOTEL STAFFING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L08000060035.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 714A00022446

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yes Hotel Staffing, 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:

Jason Katz

Name of Person

Jason D. Katz P.A.

Firm/Company

3325 S. University Drive, Suite 210

Address

Davie, Florida 33328

City/State and Zip Code

jason@jkatzlaw.com

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

Leslie Dasch

Name of Person

at 407 504-4400 x101

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

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

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SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YES FACILITIES MANAGEMENT, 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 Liability Company were filed on March 25, 2014 and assigned
Florida document number L14000048662.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~Yes Holdings, LLC~~ YES FACILITIES MANAGEMENT, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

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

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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

NAME	ADDRESS	ACTION
		<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 Oct 1 2014

Leslie Jasch
Signature of a member or authorized representative of a member
Leslie Jasch
Typed or printed name of signer

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Filing Fee: \$25.00

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