

L140000070336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

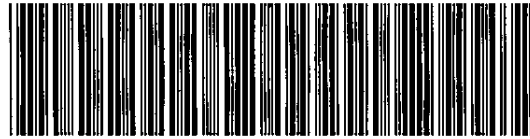
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
ALTIMORE SEC. FID 02187

409  
10/6/14

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **YANC INVESTMENTS 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:

**VICTOR MANRIQUE**

Name of Person

**YANC INVESTMENTS**

Firm/Company

**1112 SE 3rd AVENUE**

Address

**FORT LAUDERDALE, FL 33316**

City/State and Zip Code

**VM@BARBARA PALACIOS.COM**

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

For further information concerning this matter, please call:

**VICTOR MANRIQUE**

Name of Person

**954 218-3991**

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**YANC INVESTMENTS, 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 05/01/2014 and assigned  
Florida document number L14000070336.

This amendment is submitted to amend the following:

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

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: 1112 SE 3 rd AVENUE  
FORT LAUDERDALE, FL 33316  
(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable: 1112 SE 3rd AVENUE  
FORT LAUDERDALE, FL 33316  
(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: VICTOR MANRIQUE

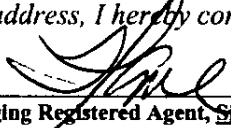
New Registered Office Address: 1112 SE 3rd AVENUE

Enter Florida street address

FORT LAUDERDALE, Florida 33316  
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

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SEP 2 2014  
PM 12:25  
CLERK OF COURT  
STATE OF FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	YOMARI HERNANDEZ	7275 SW 90TH WAY UNIT G-403	<input type="checkbox"/> Add
		MIAMI,FL 33156	<input checked="" type="checkbox"/> Remove

AMBR      VICTOR MANRIQUE      1112 SE 3rd AVENUE ☐ Add  
FORT LAUDERDALE, FL 33316 ☐ Remove

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Add

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☐ Add PH12  
☐ Remove

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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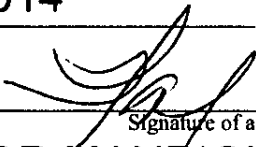
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 **09/16/2014**



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**VICTOR MANRIQUE**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**14 SEP 24 PM 12:25**  
**RECEIVED**  
**ALLAHSEE, FL 08101**