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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

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CHET	ECT.	YSB Vendi	•		
<b>தப</b> து.	ECT:			ited Liability Company	
The er	nclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	cturn	all correspo	ondence concerning this matter	to the following:	
			Shakir Francois		
				Name of Person	
			<u></u>	Firm/Company	**************************************
			1330 ne 201st ter		
			***************************************	Address	**************************************
			Miami/ Florida 33179		
			Yb.shakir@yahoo.com	City/State and Zip Code	
				to be used for future annual report noti	fication)
For fu	rther in	formation c	oncerning this matter, please ca	all;	
Shaki	r Franc			305 3036025 at ()	
		Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a	check for the	he following amount:		
□ <b>\$</b> 2	25.00 Fi	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

# TO ARTICLES OF ORGANIZATION OF

FILED 2015 JUN 1 1 AN 10: 44

YSB Vendina	LLC	SECRET	ARY OF STATE
(Name of the Limited Liabilit (A Florida			<del>⇔SEE, FLO</del> RIDA
The Articles of Organization for this Limited Liability Co Florida document number <u>LI4 0000 7037</u>	ompany were filed on	5/1/14	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability compan	y here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	<u>ESS)</u>		
			, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
induing induces been been all of the box	**************************************		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		on our records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Finter	Florida street address	
	isuer		
<del></del>	City	, Florida _	Zip Code
Name Designational Associate Signature of the action Designation	1 4		

#### 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

### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Yvans Prohete		D Add
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	ince I created this LLC. Yvans is aware that I'm	removing him.
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ctive date, if other than the effective date is listed, the date in	ne date of filing: ust be specific and cannot be prior to date of filing or m	optional) (optional) (optional) (optional)
e: If the date inserted in this	block does not meet the applicable statutory filin Department of State's records.	ng requirements, this date will not be listed
and a circuive date on the	separation of state's records.	
ecord specifies a delaye	ed effective date, but not an effective	time, at 12:01 a.m. on the earlier
ne 90th day after the re		·
june 1	2015	
ed	·/ .	
	Signature of a member or authorized representative	e of a member

Page 3 of 3

Filing Fee: \$25.00