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(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:		
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Special Instructions to	Filing Officer:	
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COVER LETTER

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SUBJECT:		alty Westshore, LLC		•
SUBJECT;		Name of Limi	ted Liability Company	
The enclosed	d Articles of Ar	mendment and fee(s) are subr	mitted for filing.	
Please return	n all correspond	lence concerning this matter t	to the following:	
		James Roy		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Yellowfin Realty Westshor	e, LLC	
			Firm/Company	
		3825 Henderson Blvd. Ste.	205	
			Address	
		Tampa, FL. 33629		
			City/State and Zip Code	
		info@yellowfinrealtywestsh		
		E-mail address: (t	o be used for future annual report notif	ication)
For further i	nformation con	cerning this matter, please ca	ill:	
James Roy			813 856-9346 at ()	
	Name of F	Person	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 (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

Yellowfin Realty Westshore, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our record a Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability C	Company were tiled on 05/21/2014	and assigned
Florida document number L14000081956	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~***
(Principal office address MUST BE A STREET ADDI	RESS)	5 5 5 E
		注: ₹ € w/m
		Sign was
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		700
(Muling uturess MAT BLATOST OF FICE BOX)		22 W 1 W
B. If amending the registered agent and/or registered agent and/or the new registered office add		is, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	ss
		lorida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR Michael Rivera		3825 Henderson Blvd. Ste. 205	■ Add
		Tampa, FL 33629	□ Remove
			Change
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Typed or printed name of signee

Filing Fee: \$25.00