

L140000094249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OCT 14 2014
J. HARRIS

Yellowfin Realty

SERVING YOU IS OUR FOCUS.

6023 WINTHROP COMMERCE AVE.

UNIT A

RIVERVIEW, FL. 33578

813 229 8862



To Whom it May Concern

Re: L1400094249

Yellowfin Realty St. John's L.L.C.

October 6, 2014

We are requesting a change in the Name of our LLC and also eliminating a member.

We are preparing to apply for the approval of this Corporation for setting up our
Real estate sales and service office in St. John's Florida through the DBPR

Thank you for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Susie T. Morris".

Susie T. Morris 813 229 8862

Broker of Record

MGR.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Yellowfin Realty St. John's 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:

Susan T. Morris
Name of Person

Yellowfin Realty St. John's LLC
Firm/Company

@ 6023 Winthrop Commerce Ave.
Address

Riverview FL 33574
City/State and Zip Code

susie.yellowfin@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Morris at (813) 229-8842
Name of 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 St John's 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 6/12/2014 and assigned Florida document number 214000094249

This amendment is submitted to amend the following:

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

Yellowfin Realty St. Johns 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)

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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 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Luke Morris		<input type="checkbox"/> Add
			<input checked="" 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 10/6, 2014.

Susan T. Morris

Signature of a member or authorized representative of a member

Susan T. Morris

Typed or printed name of signee

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