## L14000100370

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	JUL	. 3 0 <b>2014</b>
	A.	LUNT

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## **COVER LETTER**

TO: Registration Se Division of Co	rporations			
SUBJECT: YAKA	A LLC  Name of Lim	ited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	ERIC AMSA	LLEM		
		Name of Person		30
		n: 10	·····	
	004 W 44 07	Firm/Company	T	가 :: - 1 - 1 - 1
	301 W 41S1	STREET SUIT	E 500	in the
		Address		East (
	MIAMI BEA	CH FL 33140		
	AMSALLEMERIC	City/State and Zip Code		125
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please ca	all:		
ERIC AMS	ALLEM	305 \53141	43	
78'A	of Person	ai ( )	: 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   Certificate of Certified Cop (additional copy	Status &

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

YAKA LLC		<del></del>
( <u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number L14000100370	Company were filed on JUNE 23TH 20	on and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "LLC."
Enter new principal offices address, if applicable:		32 23
(Principal office address MUST BE A STREET ADD	RESS)	
		(7114
		en C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	-
B. If amending the registered agent and/or registered agent and/or the new registered office ade		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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>	Name	Address	Type of Action
MGRM	JACQUES AMPS	15 RUE DES TROIS COLLINES	
		MALLEMORT FR 13370 FR	Remove
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			Remove 25
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The effective date must be specific, cannot be p the date this document is filed by the Florida D Dated JULY 23TH	prior to date of receipt or filed department of State)  2014  State of a member or authorization of a member or authorization or authorization of the state of a member or authorization of a member	ed representative of	nore than 90 days after	al)

Page 3 of 3

Filing Fee: \$25.00