

L14000 108267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

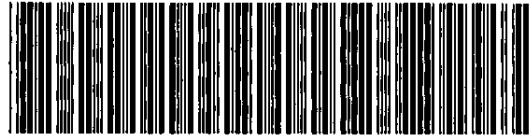
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Y. B. 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:

SHELDON L. BERKMAN

Name of Person

BERKMAN JORGENSEN MASTERS & STAFMAN PA

Firm/Company

1000 W. MCNAB ROAD, SUITE 319

Address

POMPANO BEACH, FL 33069

City/State and Zip Code

SBERKMAN@BMS-CPA.COM

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

For further information concerning this matter, please call:

SHELDON BERKMAN

Name of Person

at (954) 804-7216

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

Y. B. INVESTMENTS LLC

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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>
MGR	N. NACHMAN	C/O BERKMAN JORGENSEN MASTERS & STAFMAN, PA	<input checked="" type="checkbox"/> Add
		1000 W. MCNAB ROAD	<input type="checkbox"/> Remove
		POMPANO BEACH FL 33069	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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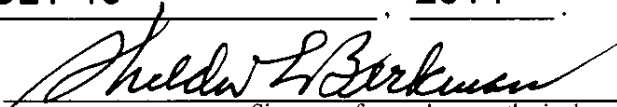
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 JULY 19, 2014.



Signature of a member or authorized representative of a member

SHELDON L BERKMAN

Typed or printed name of signee

14 JUL 23 PM 12:35