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COVER LETTER

TO: **Registration Section Division of Corporations**

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

 $at (\frac{954}{Area\ Code}) \frac{804-7216}{Daytime\ Telephone\ Number}$

Name of Person

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

Y. B. INVESTMENTS LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on ca a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L14000108267</u>	Company were filed on JULY 	8, 2014 and assigned
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 end with the words "Lin	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	, 35
		·
Enter new mailing address, if applicable:		N) 1844 C) 1844
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	20 - D
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis		records, enter the name of the ne
registered agent and/or the new registered office add	ress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
	City	, Florida Zip Code
	Сиу	zip Coae

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

Title Name 1 <u>Address</u> **Type of Action** N. NACHMAN **MGR** C/O BERKMAN JORGENSEN MASTERS & STAFMAN, PA 1000 W. MCNAB ROAD Remove POMPANO BEACH FL 33069 □ Add ☐ Remove _□ Remove. • ☐ Remove □ Add _□ Remove ☐ Add ☐ Remove

D.	If am	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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E.	(The eff	tive date, if other than the date of filing: fective date must be specific, cannot be prior to date at the this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after	
	Dated	JULY 19 ,	2014	
		Theldw LBir	kusu	
		SHELDON L BERKMA	mber or authorized representative of a member	
			TIN	

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Filing Fee: \$25.00