L14000	0115030
(Requestor's Name) (Address) (Address)	100308889441
(City/State/Zip/Phone #)	02/03/1801001005 **55.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	18 FEB - 8 PH 4: 29 SECRETARY OF STATE FALLAHASSEE, FLORIDA
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I.

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ENTITY NAME:

YASI HOLDINGS, LLC

CH# 7896 FOR \$55.00

PLEASE FILE THE ATTACHED AMENDMENT & RETURN THE FOLLOWING:

. .

- XXX CERTIFIED COPY
- ____ STAMPED COPY

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____ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YASI HOLDINGS, 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 <u>JULY 18, 2014</u> and assigned Florida document number <u>L14000115030</u>.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

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Enter new mailing address, if applicable:			FEB F		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	<u>s</u>	- 1 		_
·		<u> </u>	A	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on our records, ffice address here:	enter enter	name 9	of the	new
Name of New Registered Agent:					_
New Registered Office Address:	Enter Florida street address				—
	Flor	rida			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	VOGELTJE M. BERMAN	9705 COLLINS AVE.	Add
		APT. N-1103	C Remove
		BAL HARBOUR, FL 33154	Change
			Add
			C Remove
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D. If	amending any other information, enter change(s) her	e: (Attach additional sheets, if nec	essary.)

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For purposes of clarification, the Manager's legal name was misstated and misspelled in prevous filings as

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geltje K. De Berman." The Manager's correct legal name	·	
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		EB
	<u> </u>	
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		8 1 9

E. Effective date, if other than the date of filing: _________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 02-04-2018	<u> </u>
11 Bernice	
Signature of a member or auth	orized representative of a member
Vogette M	Berman
Typed or print	ed name of signee
Pag	e 3 of 3

Filing Fee: \$25.00