# L14000121233

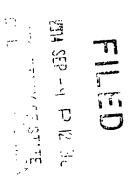
(Re	equestor's Name)	<u><del>-</del></u> .		
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL .		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700263715527

09/03/14--01005--009 \*\*25.00



B. BOSTICK SEP **1 6** 2014

FYAMINER

## **COVER LETTER**

TO: Registration So Division of Con			
SUBJECT: Yoli \	Norks 4 U LLC		
30B3EC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GRACE BO	NE	
		Name of Person	
	YOLI WORK	KS 4 U LLC	
		Firm/Company	
	13603 LAS I	BRISAS WAY	
	••	Address	
	JACKSONV	ILLE, FL 32224	
		City/State and Zip Code	ication)
	sharichiovaro@att	I.NEt to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	•	ication)
GRACE BO		904 962-40	657 Jan 19
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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

YOLI WORKS 4 U LLC		
(Name of the Limited (A	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liab Florida document number L14000121283		and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		ecords, enter the name of the new
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 Title Name Address **Type of Action** 525 NAUTICAL BLVD N **AMBR** RODOLFO MACADANGDANG ATLANTIC BEACH, FL 32233 ■ Remove **GRACE BONE** 13603 LAS BRISAS WAY MGR □ Add JACKSONVILLE, FL 32224 ■ Remove 525 NAUTICAL BLVD N MGR RODOLFO MACADANGDANG ATLANTIC BEACH, FL 32233 ☐ Remove **GRACE BONE** 13603 LAS BRISAS WAY **AMBR** JACKSONVILLE, FL 32224 □ Remove

☐ Remove

. If amending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of S	receipt or filed date and cannot be more than 90 days after
Dated SEPTEMBER 3 2	014
Signature of a memb	
GRACE BONE	per or authorized representative of a member
Typy	ed or printed name of ciange

Page 3 of 3

Filing Fee: \$25.00