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TALLAHASSEE, FLORIO)

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TO:	Registration Se Division of Cor		. "	
CHIRI	B.C.C.	YENAY I	PROPERTIES LLC	
SUBJ	ECI:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	•	
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		bebayely@hotmail.com		22 Cation) 48 P. C.
For fu	rther information c	encerning this matter, please c	to be used for future annual report notifi all:	ين <del>ور</del> لک
CARI	OS GONZALEZ		954 632-1272 at ( )	
	Name o	f Person		Telephone Number
Enclo	sed is a check for the	he following amount:		
sz	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)
	<b>3.</b>	ING ADDDEG	STD F DT/COLUNIA	OR ANNUESS

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 ORGANIZATION OF

YENA	PROPERTIES LLC	
(Name of the Limited L (A f	jability Company as it now appears on our lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabi	ity Company were filed on 08/29/2014	and assigned
Florida document number L14000135725	•	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
N/A		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicabl	e: N/A	to AFFO
(Principal office address MUST BE A STREET A	DDRESS)	JE PRE
		STATE OF STATE
	27/4	PREFE
Enter new mailing address, if applicable:	N/A	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Mailing address MAY BE A POST OFFICE BO	<u></u>	F OF
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:	4	records, enter the name of the ne
New Registered Office Address:	Enter Florida stree	et 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

MGR = Manager AMBR = Authorized Member

<u>1 itie</u>	Name	Address	Type of Action
MGR	JULIO R. GARCIA	3530 MYSTIC POINTE DR #1004	Add
		AVENTURA, FL 33180	□ Remove
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document's effective date on the Departm	ent of State's records.		
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Page 3 of 3

Filing Fee: \$25.00