

L 14000170193

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

DEC - 8 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YDS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zachary Yazel

Name of Person

YDS, LLC

Firm/Company

14148 Oakaham Street

Address

Tampa FL, 33626

City/State and Zip Code

zak@rsdesigner.com

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

For further information concerning this matter, please call:

Zak Yazel

503

348-7104

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: YDS, LLC

SECOND: The Florida Document number of the limited liability company is: L14000170193

THIRD: Document to be corrected is:
L14000170193, Articles I, II, III, IV ARTICLES OF ORGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

This document contains an error in the address for ALL of the articles.

The current address for all articles shows an error of WESTCHASE, FL, US 3362

The correct address for all articles should be below:

14148 Oakham Street, Tampa, FL, 33626

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

11/19/2014

Date

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)