# L14000 179549

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
(Document Number)	
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer:	

Office Use Only



2002870<u>86652</u>
\*\*25.00

JIM 2 1 2013 EFFLICE

# **COVER LETTER**

Division of Corporations	
SUBJECT: YCP 1706, 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:	
JOSTTI LA GATTEI  Name of Person	
Firm/Company	
1000 E HALLANDALE BLUD, # 28 Address	
City/State and Zip Code	
25515tantefisches CP2 9 m2.1. Texas.  E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person  Area Code  Daytime Telephone Number  To at (305)  Daytime Telephone Number  To at (305)  To a	רוד ש
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  S55.00 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

(Name of the Limi	1706 C	as it now appea	rs on our records.)		
The Articles of Organization for this Limited L Florida document number 1400179		, , , , ,	11/19/14	and ass	gned
This amendment is submitted to amend the foll	owing:				
. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the v	vords "Limited Liability	/ Company," the	designation "LLC" or	the abbreviation "L.	J.C."
Enter new principal offices address, if application	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)				
B. If amending the registered agent and registered agent and/or the new registered o		ce address o	n our records, <u>e</u>	AHA AHA	of the new
Name of New Registered Agent:	EZEQ	ひっモレ	FISCHE	20 E	
New Registered Office Address:	1000 E H		ALE BLVI prida street address	> <u>5# 28</u> 5	
	HALLANDA	City	<del>SPC++</del> , Florid	la Zip Code	·7

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

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** \_□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove Change 108107 3 (2) (2) Remove ☐ Change □ Add ☐ Remove ☐ Change

-	*									
										-
										<del></del>
		····								
					_					
	, , , , , , , , , , , , , , , , , , , ,				,					
				740	,					
**	<u>_</u>	.,								
								· <del></del> ·- <del></del>		
									•	
-								·		
fective	date, if other t	han the date of f	iling:				(6	ptional	)	•
n effecti	ve date is listed, the	e date must be specifi	c and ca	nnot be prio			than 90 days	after filing	g.) Pursuai	
cument	's effective date	on the Department	of Stat	e's records	s.	ny ming re	quirements	, iiis uai	wiii noi	de liste
										2016
recor	d specifies a	in this block does a on the Department delayed effective the record is fil	ve dat	e, but n	ot an effe	ctive time	e, at 12:0	)1 a.m.	on the	<del>éa</del> rlie
	)th day after t	the record is fil	ed.						\$55 550	2
The 90	~				_				řij-t	O
Γhe 90		1 /		2010	<u> </u>					U
	June	- 16					_		(T-1)	
	June	_ 16							22.	
The 90	June		of a ma-	mhar or se	forized repres		mambas		RIDA:	<b>p</b>

Page 3 of 3

Filing Fee: \$25.00