

Division of Corporations

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**1500029370**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (950) 617-6383

From:

Account Name : BEST PRO SERVICES INC  
Account Number : 120140000068  
Phone : (727) 504-1870  
Fax Number : (727) 683-9500

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

Best.Pro@live.com

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TALLAHASSEE, FLORIDA

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YD TRANSPORTATION LLC**

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S. YOUNG

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July 14, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

YD TRANSPORTATION LLC  
2690 DREW STREET  
UNIT 1114  
CLEARWATER, FL 33759US

SUBJECT: YD TRANSPORTATION LLC  
REF: L15000029370

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H15000169963  
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15 JUL 14 AM 11:14  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: YD TRANSPORTATION 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:

DUBAVETS, YURY

Name of Person

YD TRANSPORTATION LLC

Firm/Company

2690 DREW STREET, UNIT 1114

Address

CLEARWATER, FL 33759

City/State and Zip Code

best.pro@live.com

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

For further information concerning this matter, please call:

DUBAVETS, YURY

772

203-7373

Name of Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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15 JUL 14 AM 9:45  
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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YD TRANSPORTATION 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 02/17/2015 and assigned  
Florida document number 1.15000029370

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Anastasiya Dubavels	2690 DREW STREET	<input checked="" type="checkbox"/> Add
		UNIT 1114	<input type="checkbox"/> Remove
		CLEARWATER, FL 33759	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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