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COVER LETTER

TO: Registration Sec Division of Corp		a e e 🛊 💆	₹ and
SUBJECT: <u>Ya Me</u> i	Wholesale of Lim	Jistribution ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Glenn Bo	ykins	
		Name of Person	
	*** #*	Firm/Company	
	4091 Woodley	Creek rd. Address	
	4091 Woodley Jacksonville,	City/State and Zip Code	
		Ahou. Colu to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please ca	all:	
Glun Be	oykins Person	at (<u>904</u>) <u>7.35 - 2</u> Area Code Daytime	3179 Telephone Number
Enclosed is a check for the	e 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

TO ARTICLES OF ORGANIZATION OF

Ya Mei Wholesale d	Distribution 1	LLC		
(Name of the Limite	ed Liability Company as it no (A Florida Limited Liability C	ow appears on our rec ompany)	ords.)	to cup demonstra
The Articles of Organization for this Limited Li Florida document number <u>L15 (000043</u>		ed on March	10,830,85 10,830	and assigned
This amendment is submitted to amend the follo			P B: 4 OF STATI	Ö
A. If amending name, enter the new name of	the limited liability com	ipany here:	DH E	
The new name must be distinguishable and contain the w		any," the designation "I	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if application	able:			
<u>(Principal office address MUST BE A STREE</u>	r ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	····		
B. If amending the registered agent and/oregistered agent and/or the new registered of		dress on our reco	ords, <u>enter the</u>	e name of the nev
Name of New Registered Agent:	Glenn Bo	24KINS		
New Registered Office Address:	4091 Woodle	Y Creek Enter Florida street add	Nd. dress	
	Jacksonville	<u> </u>	Florida3	2

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□ Change
			Add
			□ Remove
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(If an e <u>Note</u>	tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day If the date inserted in this block does not meet the applicable statutory filing requirement ment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12: e 90th day after the record is filed.	01 a.m. on the	earlier of:
Date	April 1, 2016.		
	Signature of a member or authorized representative of a member	2016 IPR	eron de maria
	Glen L. Boykins Typed or printed name of signee	ARY SSE	M
		of STATE	,
	Page 3 of 3	Sw T	

Filing Fee: \$25.00