

L1500.0084035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

(Business Entity Name)

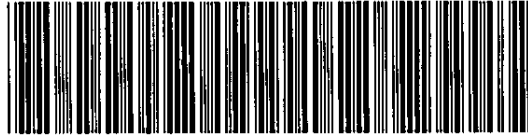
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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

JUN 04 2015
J. HARRIS

ROBERT KIT KOREY, P.A.
KOREY, SWEET, MCKINNON & SIMPSON
Attorney and Counselors at Law

Robert Kit Korey, P.A.
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Abraham McKinnon
R. Kevin Korey
Adam K. Dunn

Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
Telephone (386)677-3431
Telefax (386)673-0748

June 2, 2015

Registration Section.
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

VIA FEDERAL EXPRESS

RE: Articles of Amendment for Lucky Yellowfin, LLC

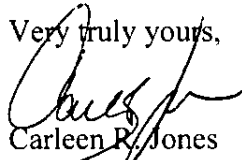
Madam:

Enclosed please find Articles of Amendment for Lucky Yellowfin a Florida Limited Liability Company for filing

I have enclosed a check in the amount of \$60.00 payable to the Department of State to cover filing fees.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,



Carleen R. Jones
Legal Assistant to R. Kevin Korey

enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lucky Yellowfin, 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:

R. Kevin Korey

Name of Person

Robert Kit Korey, PA

Firm/Company

595 W. Granada Blvd. Ste. A

Address

Ormond Beach, FL 32174

City/State and Zip Code

mgysan@gmail.com

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

For further information concerning this matter, please call:

R. Kevin Korey

386 677-3431 x 231

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Lucky Yellowfin, 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 May 6, 2015 and assigned
Florida document number L15000084035.

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)

912 S. Nova Road

Ormond Beach, FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

912 S. Nova Road

Ormond Beach, FL 32174

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

_____, 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

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>
AMBR	Michelle K. Gysan	848 Cheltenham Road	☐ Add
		Santa Barbara, CA 93105	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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PALM BEACH, FLORIDA

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 2, 2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA