

# L150000 84035

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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STATE OF TEXAS  
TALLAHASSEE, FLORIDA

N. Culligan DEC 30 2015

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

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R. Kevin Korey

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

December 22, 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, LLC, 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, certificate of status and certified copy.

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  
at ( )

\_\_\_\_\_  
Name of Person

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**

FILED  
2015 DEC 28 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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) \_\_\_\_\_

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*

\_\_\_\_\_, 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 Gysan	848 Cheltenham Road	<input checked="" type="checkbox"/> Add
		Santa Barbara, CA 93105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE  
OF ALABAMA  
IN SENATE,  
January 10, 1906.

DEC 28 AM 11:45

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**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 December 22, 2015

  
Signature of a member or authorized representative of a member

R, Kevin Korey  
Typed or printed name of signee