1500091008

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor	ction porations			-
YUSKAN I SUBJECT:	REALTY LLC			
SUBJECT:		ited Liability Company		
	Amendment and fee(s) are submodence concerning this matter	-		
	WALID AMERI			
		Name of Person		
	YUSKAN REALTY LLC			
	-	Firm/Company		
	9121 EDENSHIRE CIRCL	Æ		
		Address		
	ORLANDO, FL 32836			
		City/State and Zip Code		
	E-mail address: (t	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
WALID AMERI		407 844-8197 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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 enclose	

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

YUSKAN REALTY LLC			
(Name of the Limited Li (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabil	ity Company were filed on MAY 22, 2015 and assigned		
Florida document number L15000091008	······································		
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 A.	DDRESS)		
	1 1 2 - 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
	<u> </u>		
	registered office address on our records, enter the name of the		
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 Zin 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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	KAIS MIMOUNI	9121 EDENSHIRE CIRCLE	□ Add
		ORLANDO, FL 32836	■ Remove
			☐ Change
MGR	SOUAD GUERRIDA	9121 EDENSHIRE CIRCLE	■ Add
		ORLANDO, FL 32836	Remove
			Change
***************************************			□ Add
	•	 	Remove
			Change
			Add
		·	Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change

• If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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		Elig week
		DEC.
		9 6 1 (*)
	,	
		13.
(If an e	effective date, if other than the date of filing: ffective date is tisted, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing red ment's effective date on the Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605.02 quirements, this date will not be listed
	ecord specifies a delayed effective date, but not an effective time e 90th day after the record is filed.	e, at 12:01 a.m. on the earlier
Date	NOVEMBER 22	
	U sel de	
	Signature of a member or authorized representative of a	member

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Typed or printed name of signee

Filing Fee: \$25.00