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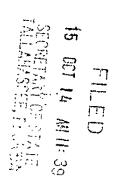
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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OCT 15 2015 S. YOUNG

COVER LETTER, * * *

Div	ision of Corp	porations		
SUBJECT:	Yes Financi	al Services, LLC		
SUBJECT		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspor	ndence concerning this matter t	to the following:	
		Norka Rodriguez		
Name of Person				
Yes Financial Services, LLC				
Firm/Company				
		2705 Burris Rd		
			Address	
		Davie, FL 33314		
			City/State and Zip Code	Transfer of
		n.rodriguez@595truckstop.c	com to be used for future annual report notifi	
For further in	nformation co	oncerning this matter, please ca	·	Cation) Telephone Number
Norka Rodri	iguez		954 357-1480 at ()	مهمین میروند مرکزی در این از این ا میروند این این از ا
	Name of	Person		Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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:

TO:

Registration Section

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

Yes Financial Services, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as <mark>it now appears on ou</mark> d Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compar Florida document number L15000094532	ny were filed on <u>5/29/2015</u>		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		≥ {\\ \}	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		(*) (*) (*)	
•	<u> </u>	54.	and punki
D 76 11 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our lege:	records, enter the	mame of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	•	up coue
I hereby accept the appointment as registered agent and a		tv. I further agree	to comply with th

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>	Type of Action
MBR	Edward Fay	2705 Burris Rd	⊟ Add
		Davie, FL 33314	Remove
			Change
			□ Add
			□ Remove
			□ Change
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			Change

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ective date, if other than the date o	f filing:		_ (optional)
effective date is listed, the date must be spectee: If the date inserted in this block does nument's effective date on the Department.	cific and cannot be prior to des not meet the applicable		ays after filing.) Pursuant to 605.02
record specifies a delayed effec he 90th day after the record is		n effective time, at 1	2:01 a.m. on the earlier
ed OCTOBEX 7	, 2015		
J. Brees	ire of a member or authorize	ed representative of a member	
Signatu	ac or a memori or aumorize	a representantive of a member	

Page 3 of 3

Filing Fee: \$25.00