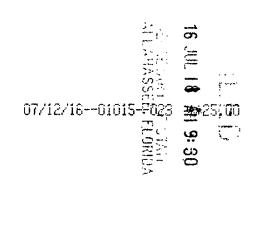
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## **COVER LETTER**

10:	Division of	Corporations ,			
SUBJE		INANCIAL SERVICES, LLC			
SUBJE	CI	Name of Limited Liability Company			
The enc	losed Article	es of Amendment and fee(s) are submitted for filing.			
Please re	eturn all cori	respondence concerning this matter to the following:			
		EDWARD FAY			
		Name of Person			
YES FINANCIAL SERVICES, LLC					
		Firm/Company			
		50 NW 26TH AVE SUITE 311			
		Address			
		POMPANO BEACH, FL 33062			
City/State and Zip Code					
		EDWARD@YESFINANCIALSERVICE.COM			
		E-mail address: (to be used for future annual report notification)			
For furtl	her informat	ion concerning this matter, please call:			
EDWA	RD FAY	347 497-0317 at ()			
	Na	me of Person Area Code Daytime Telephone Number			
Enclose	d is a check	for the following amount:			
\$25.	.00 Filing Fe	ce Solution from the status of Statu			

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

YES FINANCIAL SERVICES, I							
(Name of the Lin	ited Liability Compa (A Florida Limited	ny a <u>s it now appears on our records.</u> ) Liability Company)					
The Articles of Organization for this Limited Florida document number Lt 5000094532	and assigned						
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of the limited liab	ility company here:					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		50 NW 26TH AVE SUITE 311					
(Principal office address MUST BE A STRE		POMPANO BEACH, FL 33062					
Enter new mailing address, if applicable:		50 NW 26TH AVE SUITE 311	3				
(Mailing address MAY BE A POST OFFICE	E BOX)	POMPANO BEACH, FL 33062					
B. If amending the registered agent and registered agent and/or the new registered	d/or registered of	ffice address on our records, ente	er the name of the new				
Name of New Registered Agent:	EDWARD FA	Y	9: 30				
New Registered Office Address:	50 NW 26TH /	NE SUITE 311					
		Enter Florida street address					
	POMPANO BE	, 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	STEVEN BRAUSER	2705 BURRIS RD	□ Add
		DAVIE, FL 33314	■ Remove
			Change
MMBR	GERALD BRAUSER	2705 BURRIS RD	Add
		DAVIE, FL 33314	■ Remove
			Change
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fective date, if other than the date of an effective date is listed, the date must be spected. If the date inserted in this block doe cument's effective date on the Departme	f filing: ific and cannot s not meet the	he applicabl	date of filing o	r more than 90 da ling requiremen	( <b>optional</b> ) lys after filing.) Pursu nts, this date will n	uant to 60 ot be lis	- 05.02 sted
record specifies a delayed effec The 90th day after the record is		but not a	n effectiv	e time, at 12	2:01 a.m. on th	ne earl	lier
nted JUNE 30th  Secular 13  Signatur		2016					
10-00/1	6		_				

Page 3 of 3

Filing Fee: \$25.00