L15000108241

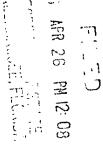
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COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: YADA DABA LLC	
Name of Limited Liability Company	_
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JERZY KOPIEC Name of Person	
Name of Person	
	5 · W 3
Firm/Company	
16350 N BAY Rd #502	PR 2
16350 N BAY Rd #502 Address	
ISS S. John S. 22160	APR 26 PH 12: 08
City/State and Zip Code	— ···· 99
City/State and Zip Code TDSKOPIEC & GHAL COH Email address: (to be used for future annual report notification)	-
Email address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Terry Kopiec at #86 23 8 - 27 75 Name of Person Area Code Daytime Telephone Num	nber
3 3 Maine of Ferson	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	D Filing Fee, ficate of Status & fied Copy ional 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	S:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VABA DABA LL (Name of the Limited Liability Comp	. C	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1500010 8241</u> .	y were filed on June 22, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	LLC	
The new name must be distinguishable and contain the words "Limited Lial		
Enter new principal offices address, if applicable:	1835 NE HIAMI GA	rdens dr
(Principal office address MUST BE A STREET ADDRESS)	#129 North Hami Beach, F	233179 US
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ADDRESS STAY	s 1501Done
B. If amending the registered agent and/or registered	office address on our records, ent	
registered agent and/or the new registered office address he	ere:	R T
Name of New Registered Agent:		26 PH
New Registered Office Address:		
	Enter Florida street address	80
	, 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		,	☐ Remove
			☐ Change
			
			□ Remove
			☐ Change
			☐ Add
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fective date, if other an effective date is listed, the ote: If the date inserted ocument's effective date	ne date must be specific ar I in this block does not	nd cannot be prior to meet the applicab	date of filing or more	(option than 90 days after fil quirements, this d	ing.) Pursuant to 605.02
record specifies a	delayed effective	date, but not :	an effective time	e. at 12:01 a.r	n. on the earlier
The 90th day after			an engetive tilli	o, at iaioi dil	in on the comer
ated April 2:	5	, 2016	NEC zed representative of a		
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	Signature of a	i member or authoriz	zed representative of a	member	

Page 3 of 3

Filing Fee: \$25.00