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COVER LETTER

TO: Registration Se Division of Cor			·
SUBJECT: Yan	Saction La	ordina tov Ser ited Liability Company	vices LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mai	ria L. Moor	<u>e</u>
	Transaction	Coordinatur So	enices LLS
	7665 Orteg	ga Bluff PKu Address	NY
	Jackson	City/State and Zip Code	14
	+cs 1731 (E-mail address: (City/State and Zip Code and City/State and Zip Code and City/State and Zip Code	ification)
For further information co	oncerning this matter, please ca	all:	
Maria L Name of	. MOOVE	at (904) 710 Area Code Daytim	6099 ne Telephone Number
Exclosed is a check for the	ne following amount:		
/	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 DEC -7 PM 12: 06:

The Articles of Organization for this Limited Liability Company were filed on Nov 18,2015 and assigned Florida document number <u>L15000194803</u> 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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		chcksmville, Fl. 3004	☐ Remove
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Effective date, if other than the date of filing: Nov 18,2015 f an effective date is listed, the date must be specific and cannot be prior to date of filing or me Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective to The 90th day after the record is filed.	ime, at 12:01 a.m. on the earlier of:
Dated <u>Dec 3</u> , <u>2015</u> .	
Maria & Moria Signature of a member or authorized representative	of
Signature of a member or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00