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(F	Requestor's Name)	
<u> </u>	Address)	
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(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(É	Business Entity Name)	
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Certified Copies	Certificates of S	Status
Special Instructions t	o Filing Officer:	

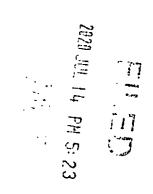
Office Use Only



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COVER LETTER

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc		istration Sec ision of Corp				
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: Chad Quist Name of Person Firm/Company 6212 Georgia Avenue Address West Palm Beach, FL 33405 City/State and Zip Code equist@quistholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chad Quist Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Street Address: Mailing Address: Street Address: Street Address:	CUBIECT.	-				
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Chad Quist Name of Person Firm/Company 6212 Georgia Avenue Address West Palm Beach, FL 33405 City/State and Zip Code cquist@quistholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chad Quist Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Street Address:	The enclosed	Articles of A	mendment and fee(s) are sub	omitted for filing.		
Firm/Company 6212 Georgia Avenue Address West Palm Beach, FL 33405 City/State and Zip Code cquist@quistholdings.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chad Quist Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Begin{array} \text{S55.00 Filing Fee} & \text{S60.00 Filing Fee}, \text{Certificate of Status} & \text{Certified Copy}, \text{(additional copy is enclosed)} Mailling Address: Street Address:	Please return	all correspon	dence concerning this matter	to the following:		
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Address				Name of Person		
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For further information concerning this matter, please call: Chad Quist Sol 585-9211 at (to be used for figure annual	and additioning	
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Registration Section Registration Section Division of Corporations Division of Corporations	-					s

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yawn Properties LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/11/2016}{1}$ Florida document number L16000093024 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 "LLC." 6212 Georgia Avenue Enter new principal offices address, if applicable: West Palm Beach, FL 33405 (Principal office address MUST BE A STREET ADDRESS) 6212 Georgia Avenue Enter new mailing address, if applicable: West Palm Beach, FL 33405 (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: Chad Quist Name of New Registered Agent: 6212 Georgia Avenue 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.

West Palm Beach

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>	Address	Type of Action
MGR	Chad Quist	6212 Georgia Avenue	= Add
		West Palm Beach, FL 33405	□Remove
			
			□Remove
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ited July 9		2020				
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Filing Fee: \$25.00