

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA Account Number: 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.["]

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YMP INDIAN RIVER CENTER, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

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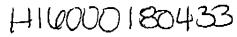
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PAGE 01/04

CORPUSA





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YMP INDIAN RIVER CENTER, LLC | |
|--|--------------------------------------|
| (Name of the Limited Liability Company as it upw appears on our (A Florida Limited Liability Company) | (ecolds) |
| The Articles of Organization for this Limited Liability Company were filed on 07/08/2016 Florida document number L16000127008 | s and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| MYP INDIAN RIVER CENTER, LLC | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation | n "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) | |
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| | ## E |
| B. If amending the registered agent and/or registered office address on our r | |
| registered agent and/or the new registered office address here: | 82 7 |
| | |
| Name of New Registered Agent: | |
| | 20 N |
| New Registered Office Address: Enter Florida stree | |
| Duty 1.to titll 20 cc | t man egg |
| | , Plorida |
| City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | |
| l hereby accept the appointment as registered agent and agree to act in this capacit | |
| provisions of all statutes relative to the proper and complete performance of my dut | |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records;

| MGR = 1 AMBR = 1 | Annager Authorized Member | | |
|---------------------|---|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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Page 2 of 3

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| (If an effe <u>Note:</u> I | ve date, if other than the da ctive date is listed, the date must be if the date inserted in this block int's effective date on the Depa | specific and cannot be prior to date of does not meet the applicable state | (optional) filing or more than 90 days after filing utory filing requirements, this date |) Pursuant to 605. Will not be liste | 0207 (3)(b) d as the | |
| If the rec (b) The | ord specifies a delayed e 90th day after the record | ffective date, but not an eff i is filed. | fective time, at 12:01 a.m. | on the earlie | r of: | |
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Page 3 of 3

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