## 116000153794

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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OCT 24 2016

## TO ARTICLES OF ORGANIZATION OF

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YLH Caf	ital 11c	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on on the liability Company)	ur records.)
	061	10.10
The Articles of Organization for this Limited Liability Compan	y were filed on Ob /	1+/2016 and assigned
Florida document number <u>L16000 153 794</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designate	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		16 OCT 21 PM 4: 35  DIVISION OF COM ON 1101
		STOP OC
		927
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		38
B. If amending the registered agent and/or registered (	office address on our	reports enter the name of the new
registered agent and/or the new registered office address he		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet address
		, 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

or removed	from our records:		
MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	Wisam Hadad	2401 WKennedy Blue # 203	Add
		14mPa, FL, 33609	Remove
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ner than the date of fed, the date must be specificated in this block does a date on the Department	ic and cannot be price not meet the appli	cable statutory filir	more than 90 days after	r filing.) Pursuant to 605	5.0207 (3 ed as th
s a delayed effective the record is file	ve date, but ne led.	ot an effective	time, at 12:01 a	a.m. on the earli	er of:
812016	,	·			
Signature	of a member or auti	horized representativ			
	ter the record is fi	ter the record is filed.	ter the record is filed.	ter the record is filed.	812016

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Filing Fee: \$25.00