L16000169949

(Requestor's Na	ame)
(Address)	-
(Address)	
(City/State/Zip/F	Phone #)
PICK-UP WAI	T MAIL
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TO:	Registration Se- Division of Cor			
CTID T	** ***	ESTATE LLC		·
SUDJ.	ECI:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DANY ABRAHAM		
			Name of Person	
		KSDT & COMPANY		
			Firm/Company	
		9300 S DADELAND BLV	D SUITE 600	
			Address	
		MIAMI, FL. 33156		_
			City/State and Zip Code	
		JKUSHNER@KSDT-CPA.	COM to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please ca	-	
JONATHAN KUSHNER 305 670-3370				
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YBS REAL ESTATE LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number L16000169949	Company were filed on 09/12/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADD)	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16 SEF 26 PH
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	S
	. Flo	orida
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AVIV PORAT	9300 S DADELAND BLVD	■ Add
		SUITE 600	□ Remove
		MIAMI, FL 33156	□ Change
			□ Add
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			C. C. Remove
			□ Change
			Add
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e record specifies The 90th day aff			late, but	not an	effectiv	ve time,	at 12:0	1 a.m. (on th	e ear	lier o
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Page 3 of 3

Filing Fee: \$25.00