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COVER LETTER

TO:

TO:	Registration Se Division of Cor					
end ic	·c·r.	YEAG	O PROPERTIES IF LLC			
SUBJE	CCT:	Name of Lin	nited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		1	MARLA COPELAND ESTY			
			Name of Person			
		ABC,LLC D	/B/A EASY TAX AND ACCOU	NTING LLC		
		Firm/Company				
		18467 NW HWY 441. SUITE 70				
		Address				
			HIGH SPRINGS, FL 32643			
			City/State and Zip Code			
		EAS	YTAX@WINDSTREAM.NET			
			to be used for future annual report no	tification)		
For furt	ther information c	oncerning this matter, please c	all:			
	MARI	_A ESTY	386 454-8959			
	Name o	f Person	at () Area Code Daytir	me Telephone Number		
Enclose	ed is a check for th	ne following amount:				
■ \$23	5.00 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 Addres Registration S		Street Address:	untion		
	Division of C		Registration Se Division of Co			
	P.O. Box 632	7	The Centre of	Tallahassee		
	Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 20

2629 AUG 11 Pil 4:46

and assigned

YEAGO PROPERTIES II 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 09/13/2016

Florida document number ____L16000170762

This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here	:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	18467 NW US H	WY 441, SUITE 70	
		HIGH SPRINGS, FL 32643		
Enter new mailing address, if applicable:		PO BOX 2066		
•	g address MAY BE A POST OFFICE BOX)	HIGH SPRINGS,	FL 32655	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:			ords, <u>enter the name of the new registered</u>	
	18467 NW US	HWY 441, SUITE	70	
New Registered Office Address:	Enter Florida street address			
	HIGH SPRING	38	, Florida ³²³⁴³	
		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 2200 AUC 11 Fil 4:46	Type of Action
			≣Add
			□Remove
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<u>te:</u> If the date inserted in this l	JULY 31, 2 ne date of filing: nust be specific and cannot be prior block does not meet the applic Department of State's records.	to date of filing or mable statutory filin	ore than 90 days after f g requirements, this	nal) (ling.) Pursuant to 605.029 date will not be listed (
The second of the	p mon or man o records.			
cord specifies a delayed effect s filed.	tive date, but not an effective ti	me, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
JULY 31	2020	(
	Signature of a member or author	irized representative	nt a meniby	

Filing Fee: \$25.00