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SECRETARY OF STATE

D. BRUCE DEC 01 2016

## **COVER LETTER**

Division of	on Section Corporations						
SUBJECT:	Yady	Name of Limited	) Sompany	2, LL	<u>C</u> _		
The enclosed Article	es of Amendment and	fee(s) are submit	tted for filing.				
Please return all corr	respondence concerni	ng this matter to	the following:				
		Yadi	ra Cos	ta			
		Jady	Name of Person    Company   Company	Stor	e,UC		
		2884	FW 2	ave.	·		
		Hiale	ah F	<u>L-33</u>	010		
		rdirac	City/State and Zip Code  1218  be used for future amnua	quail	·com	<b>~3</b>	
For further informat	ion concerning this m	•		Teport notification	SECRE	2016 NOV	<u> </u>
- Yad	ame of Person	sta	at ( <u>786</u> )_ Area Code	412 Daytime Tel	325 SARY OF SIA	130 P 2:	FILED
Enclosed is a check	for the following ame	ount:			ADA ADA	$\underline{\omega}$	
\$25.00 Filing Fo		ing Fee & te of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		□ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & y	

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

(Name of the Limited Liability Companion (A Florida Limited L	Store, LLC  y as it now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 1600019809</u> 9	10/10/10/11
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "L.L.C."  2887 W 2 QvC.  Hialoah , FL - 33010
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City , Florida Zip Code

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
			□ Add
			Remove
			Add
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			Change
			Add
			Remove Change
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fan ef	ve date, if other than the date of filing:	ter filing.) Pursuant to 605.02
docun	ent's effective date on the Department of State's records.	$\mathbf{F}_{co} \sim$
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ie re	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	on the earner
1116	Social day after the record is filed.	30 F RY OF
Dated	November 15, 2016.	
Juliou	<b>A</b>	2: 3: TATE ORID
	Mul	A No.
	Signature of a member or authorized representative of a member	
	$\mathcal{M}_{\mathcal{A}}$	

Page 3 of 3

Filing Fee: \$25.00