

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000808573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

: (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Feai I	Address:				
	TIMES BOOKS	N. N	 		 ***

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Y&A PROPERTY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

. 1

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 2 4 2017

3052201440

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H17000080857

	Y&A PROPERTY HOLDINGS LLC						
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)		_			
The Articles of Organization for this Limited Liability Company were filed on 12/30/2016  Florida document number L17000000825				and assigned			
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name	of the limited liability company h	ere:					
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the al	breviatio	n ''L.L.(			
Enter new principal offices address, if appli	cable:		<u> </u>				
(Principal office address MUST BE A STRE	ET ADDRESS)						
			<u> </u>				
Enter new mailing address, if applicable;			<u>&gt;•</u> .				
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>	<u> </u>			
B. If amending the registered agent and	Vor registered office address of	n our records, enter	the na	No of	the new		
registered agent and/or the new registered of		<u></u>	[7] . ''	Ŧ	ي مديدة الأخ الما الما الما الما الما الما الما الما		
Name of New Registered Agent:	MACHADO, JULIA ENEIDA		<u> </u>	\$ <del>*</del>	P		
New Registered Office Address:	1325 SW 90TH AVE	····	<u> 3)                                    </u>	7			
	Enter Flo	rida street address					
	MIAMI	, Florida <u>33</u>	174				
	City		Zip C	ode			

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.

egistered Agent, Signature of New Registered Agent

Page 1 of 3

3052201440

PAGE 03/04

#17000080857

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
AMBR	GANCEDO, YUNIEL	1325 SW 90TH AVE	
		MIAMI, FL 33174	Add Remove
AMBR	MACHADO, JULIA ENEIDA	1325 SW 90TH AVE	☐ Change
		1323 GW FOLLIAVE	Add
		MIAMI, FL 33174	□ Remove
			□ Change
			Add
			Remove
			☐ Change
			Add 17 H
			Change  Change  Remove
			Change
			Add
		·.	□ Remove
			Change

3/23/2017	• 15:41	3052201440	LAZARUS	-	PAGE	04/04
				H170000	308	57
D. Hamen	oing any ot	ner information, enter c	hange(s) here: (Attach additional	l sheets, if necessary.)		
_						
_						
_						
***						
	· <del>-</del>					
	<del></del>					,
_			,			
_						
_						
_				in ;	17	
	·				HAR	2 G
~					(C)	2 2
					200	**************************************
					-	yekan. Englis
			03/23/2017	(optional)	07	
(If an effect Note: I:	tive date is list the date inse	ter than the date of filing the date must be specific and red in this block does not red at the Department of S	d cannot be prior to date of filing or more t neet the applicable statutory filing re	than 90 days after filing.) Pursu	iant to 605 of be list	(.0207 (3)(b) ed as the
If the reco	ord specifie 90th day af	s a delayed effective of ter the record is filed.	date, but not an effective time	e, at 12:01 a.m. on th	ne earli	er of:
Dated N	MARCH 23		2017			
		1	7			
		Signature of a	member or authorized representative of a	a member		
			JULIA ENEIDA MACHADO			
			Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00