11/8/2016



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			2
From:			
	Account Name	: LEGALZDON.COM INC.	ک
	Account Number	: 120010000062	. ,
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		s for this business entity to be used for future ings. Enter only one email address please.**	: 1
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YPC L.L.C.

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COVER LETTER

	tration Section ion of Corporations					
SUBJECT:	YPC L.L.C. Name of Limited Liability Company					
,020201						
Dear Sir or M	ladam:					
The enclosed	Registered Agent/Registered	Office Chan	ge and fee(s) are submitted for filing.			
Please return	all correspondence concerning	g this matter	to the following:			
Cheyenne Mo	oseley					
	Name of Person					
Legalzoom.c	com, Inc.		ا د ت			
	Firm/Company		J			
101 N. Brand	Blvd., 11th Floor		Ç.			
· · · · · · · · · · · · · · · · · · ·	Address		 : :3			
Glendale, CA	91203					
	City/State and Zip Code					
yourprimaryc	are@gmail.com					
E-mail add	ress: (to be used for future annual report	notification)				
For further is	Mormation concerning this ma	tter, please e	all:			
Cheyenne Mo	oseley	800 at (773-0888 ext. 9724			
	Name of Person	(Area Code & Daytime Telephone Number			
Regis Divis Clifte 2661	tration Section ion of Corporations Building Executive Center Circle massee, Florida 32301]]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
Encl	osed is a check for the follow	ing amount	:			
□ \$2	5 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS18 (12/13)						

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

YPC L.L.C.			
(Name of the Limite	d Lisbility Compa A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Lis Florida document number L17000008084	ability Company	were filed on 01/10/2017	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and end with the	words "Limited Linh	flity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	2316 Pine Ridge Rd., Suite 319	
(Principal office address MUST BE A STREET ADDRESS)		Naples, Florida 34109	N.3
			<u>;</u>
Enter new mailing address, if applicable:		2316 Pine Ridge Rd., Suite 319	1
(Mailing address MAY BE A POST OFFICE I	8 <i>0X</i>)	Naples, Florida 34109	
-			<u> </u>
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered o lice address her	ffice address on our records, <u>ente</u> <u>c</u> :	the name of the new
Name of New Registered Agent:	Stephen R Eh	ardt	
Name Description of October Address:	200 Wyndem	ere Way #105	
New Registered Office Address:	<u>-</u>	Enter Florida street address	**
	Naples	, Florida ³	4105 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in the company has been notified in the company has been notified in the company has been	er and complete stered agent as pregistered office change.	performance of my duties, and I am provided for in Chapter 605, F.S. Of	familiar with and r, if this document is imited transity

Page 1 of 3

_____ Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Name</u> <u>Address</u> Title □ Add __ D Add _____ □ Remove · 🖸 Add □ Remove ತಿ ٦. ☐ Add ;) _D.Remove ____ Remove ______ Add

Page 2 of 3

f amending any other informs	ation, enter change(s) here: (Attach add	itional sheets, if necessary.)
• ··		
Effective date, if other than the The effective date must be specific, care the date this document is filed by the F	e date of filing: not be prior to date of receipt or filed date and canniforda Department of State)	(optional) of be more than 90 days after
Dated November 6	2018	
Style	Signature bl a member or authorized representa	tive of a member
	Stephen R Ehardt	eve of a member
	Sichici iz rinaidi	

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