117000091562

| (Red | questor's Name) | · |
|---------------------------|-------------------|-------------|
| (Add | dress) | <u> </u> |
| (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| . (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | 1 |
| | | |
| | | |

Office Use Only



300299048173

0S/15/17--01014--024 **25.00

17 HAY 15 PM 4: 33
SECRETARY OF STATE
SECRETARY OF STATE
AND ANASSEE, FLORIDA

S WarrenMAY 1 6 2017

COVER LETTER

| SUBJECT: | Yes Beards | LLC | |
|------------------------------|--|--|--|
| | Name of Limi | ited Liability Company | |
| The enclosed Articles of Ar | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspond | lence concerning this matter | to the following: | |
| Division of Corporations | | | |
| | V S | Name of Person | |
| | Yes | | |
| | 14902 Bat | rtenwood dr Address | |
| | Spring Hil | City/State and Zip Code | |
| | I- Tock 21250 (E-mail address: (f | hara. Com b be used for future annual report notifi | cation) |
| For further information con | | | |
| Tordan Sco | erson | at (727) 485- Area Code Daytime | 5321 Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | EARDS LLC |
|---|--|
| (Name of the Limited L. (A F | iability Company as it now appears on our records.) lorida Limited Liability Company) |
| The Articles of Organization for this Limited Liabil Florida document number \(\(\frac{\(\text{L}\)\\ \700009156}\) | · · · · · · · · · · · · · · · · · · · |
| This amendment is submitted to amend the followir | ng: |
| If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: | |
| The new name must be distinguishable and contain the words | "Limited 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 A | DDRESS) |
| | |
| | registered office address on our records, enter the name of the new |
| Name of New Registered Agent: | 7.19 |
| New Registered Office Address: | |
| | Enter Florida street address |
| _ | , Florida |
| New Registered Agent's Signature, if changing Regis | |
| I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere | gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Op If this document is stered office address, I hereby confirm that the innited limited. |

If Changing Registered Agent, Signature of New Re

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> **Name** <u>Address</u> **Type of Action** 14902 Batten wood dr Spring Hill FL 34610 ☐ Change 14902 Bottonwood dr Ardd AMBR Kimberly Scott Spring H:11 FL 34610 ☐ Change □ Add ☐ Remove ☐ Change _ Add □ Remove _□ Change □ Add ☐ Change

| - | | |
|----------------|--|--------|
| - | • | |
| - | | |
| - | | |
| - | | |
| • | | |
| | | |
| _ | | |
| - | | |
| - | | |
| - | | |
| - | | |
| - | | |
| - | | |
| - | | |
| Note: docum | ive date, if other than the date of filing: | as the |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. | or: |
| Dated | Friday May 12 2017 | |
| | Signature of a member or authorized representative of a member | |
| | Torclan Scott Typed or printed name of signee | |
| | Typed or printed name of signce | . : |
| | Page 3 of 3 | |

Filing Fee: \$25.00