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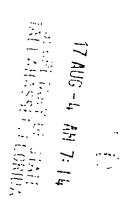
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Sec Division of Corp		
Yonnone L		
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ondence concerning this matter to the following:	
	Janet Bonneau	
	Name of Person	
	Bonneau Accounting Services Inc	
	Firm/Company	
	1015 W Indiantown Road Suite 202	
	Address	
	Jupiter Florida 33458	
	City/State and Zip Code	
	janet@bonneaucpa.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Janet Bonneau	561 747-0160 at ()	
Name o	of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the	the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status	f Status & by

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

Yonnone LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ord <u>s.</u>)
ne Articles of Organization for this Limited Liability (orida document number L17000156856	Company were filed on $\frac{7-21-2017}{}$	and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the lin	nited liability company here:	
onnone, LLC		
e new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "L	LLC" or the abbreviation "L.L.C."
uter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or reg		ords, enter the name of the
estered agent and/or the new registered office 20	<u> </u>	Fi 7
Name of New Registered Agent:		
Name of New Registered Agent.		22 1
New Registered Office Address:	Enter Florida street ad	idress 1.10 >
	ANTHON A TOP TORREST SECTION	
	City	, Florida

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 = N	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Add
			Remove
			Change
			□ Add
			Remove
			Change
		 	
			□ Remove
			☐ Change
			□ Remove
			□ Change
			Remove
			☐ Change

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be ge: If the date inserted in this block does not meet the apument's effective date on the Department of State's reco	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605 phicable statutory filing requirements, this date will not be list ords.
record specifies a delayed effective date, but he 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earli
July 31 2017	
(IMIX -	
<u> </u>	authorized representative of a member

D.

Page 3 of 3

Filing Fee: \$25.00