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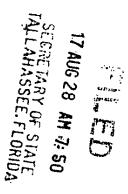
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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Ye		operties, LC	<u> </u>	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Liber	Baluced	<u>a</u>	
	Yem!	b Roperties Firm/Company	ررد	
	7720	Tatum Worte	rway Dr	Apt 3
	Mari	Boach CL City/State and Zip Code	141EE	
	E-mail address: (City/State and Zip Code Lucela to be used for future annual report notific	beo.com	
For further information cor	acerning this matter, please c		······································	
Cibon Be Name of I	Person	at (78%) 304 Area Code Daytime	S265 Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$20.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	atus &

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number L17000177689 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u> 469</u>	Yevier & Marrers	7720 Pahm Waterway Dr	. NAdd
		7720 Tahun Waterway Dr Apt 3 Mari Booch FC 33141	Remove
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Effective date, if If an effective date is	other than the date of filing: isted, the date must be specific and cann	not be prior to date of filing or mo	ore than 90 days after filing.) Pursu	uant to 605
Note: If the date in	serted in this block does not meet to date on the Department of State?	the applicable statutory filing	requirements, this date will n	ot be liste
and annual to be read to	value on the Beparament of State	g routing.		
he record speci	ies a delayed effective date	, but not an effective ti	me, at 12:01 a.m. on th	ne earli
	after the record is filed.	,		
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Dated <u>OS</u>	15413017	h f		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00