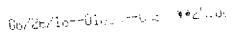


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FIL. U SECRETARY OF STATE BIVISION OF CONFORATIONS

N COOPER JUN 2 7 2018

COVER LETTER

Division of Co			
SUBJECT: YES	SUP INVESTIM	ionts, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subi	mitted for filing	
		-	
Prease return an corresp	ondence concerning this matter	to the following.	
	LLOYD	PUSEY Name of Person	
	_	(cJTMENTS, LL	
	13005 1007	HERN BIVD, SUITE	<u> </u>
	LOXAHATCHE	CFL 33470 City/State and Zip Code	
	LNPUSEY Q	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	cation)
For further information	concerning this matter, please ca		
LLOYD /	USE 4	ar (954) 401	<i>53</i> 07
Name	of Person	at (<u>954)</u> 401 Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	`
Division of Corporations P.O. Box 6327		Division of Corpora Clifton Building	
	nassee, FL 32314	2661 Executive Cer Tallahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DCKEVIN EREEN, MD	9418 SILEMT DAK CITCLE Rayal Polin Beach, F1 33411	Add
			Remove
			Change
M6RM	AR. HUGH WILLINGON, MD		
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00