## 117000256952

|                      | (Requestor's Name)       |
|----------------------|--------------------------|
|                      | (Address)                |
|                      | (Address)                |
|                      | (City/State/Zip/Phone #) |
| PICK-UF              | P WAIT MAIL              |
|                      | (Business Entity Name)   |
|                      | (Document Number)        |
| Certified Copies     | Certificates of Status   |
| Special Instructions | s to Filing Officer:     |
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SECRETARY OF STATE BIVISION OF CORPORATIONS

B FIGUEROA JAN 1 1 2018

## **COVER LETTER**

| TO: Registration S Division of Co |   |   |   |
|-----------------------------------|---|---|---|
| Yin Inn Ll SUBJECT:               |   |   |   |
| SOBJECT.                          |   | ited Liability Company  |   |
| The enclosed Articles of          | f Amendment and fee(s) are sub                  | mitted for filing.  |   |
| Please return all corresp         | ondence concerning this matter                  | to the following:   |   |
|                                   | Karen Dowling                                   |   |   |
|                                   |   | Name of Person  |   |
|                                   |   | Firm/Company  |   |
|                                   | 516 York St                                     |   |   |
|                                   |   | Address   |   |
|                                   | Gulf Breeze, FL 32561                           |   |   |
|                                   | Karenhope27@gmail.com                           | City/State and Zip Code   | <del></del>   |
|                                   |   | to be used for future annual report notif                                 | ication)  |
| For further information           | concerning this matter, please c                | all:  |   |
| Karen Dowling                     |   | 850 449-0059<br>at ()   |   |
| Name                              | of Person                                       | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for           | the following amount:                           |   |   |
| □ \$25.00 Filing Fee              | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ■ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

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

| YIN INN LLC  |   |                                       |
|--|---|---------------------------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida  | ty Company as it now appears on our red<br>Limited Liability Company) | cords.)                               |
| The Articles of Organization for this Limited Liability C  | ompany were filed on 12-18-17   | and assigned                          |
| Plorida document number 1.17000256952  | ·   |                                       |
| his amendment is submitted to amend the following:   |   |                                       |
| If amending name, enter the new name of the limi   | ited liability company here:  |                                       |
| The Yin Inn LLC  |   |                                       |
| he new name must be distinguishable and contain the words "Lim   | ited 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 ADDR   | RESS)   |                                       |
|  |   |                                       |
|  |   |                                       |
| Enter new mailing address, if applicable:  |   |                                       |
| Mailing address MAY BE A POST OFFICE BOX)  |   | · · · · · · · · · · · · · · · · · · · |
|  |   | · · · · · · · · · · · · · · · · · · · |
|  |   |                                       |
| 3. If amending the registered agent and/or regis   | tored office address on our rec                                       | ords enter the notes of               |
| registered agent and/or the new registered office additional agent | ress here:  | orus, enter the name organe i         |
|  |   | JAN 10                                |
| Name of New Registered Agent:  |   | TO CARY                               |
| Name of New Registered Agent.  |   | DRPC                                  |
| New Registered Office Address:   |   |                                       |
|  | Enter Florida street aa   | ldress                                |
|  |   | , Florida                             |
| <del></del>  | City  | Zip Code                              |

## 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 = M $AMBR = A$ | anager<br>uthorized Member |              |  |
|--------------------|----------------------------|--------------|--|
| <u>Title</u>       | <u>Name</u>                | Address      | Type of Action   |
|                    |                            |              |  |
|                    |                            |              | Remove   |
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|                    |                            |              | OF COR   |
|                    |                            |              | SECRETARY OF STATE DIVISION OF CORPORATIONS  18 JAN 1 Q PM 12 OS GENERAL CORPORATIONS  Change  |
|                    |                            |              | <b>Change</b> Solution   |

| D. If amei   | ding any other information, enter change(s) here: (Attach additional sheets, if necessary | .)                                  |
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| Note: docume | the date, if other than the date of filing:   | will not be listed as the           |
| ,            | 2018  |                                     |
| Dated _      | Signature of a member or authorized representative of a member                            | SECREJARY OF S<br>DIVISION OF CORPO |
|              | Kaven H. Dowling Typed or printed page of signee  | 0 P                                 |
|              | typed or printed page of signee   | STATE STATE                         |
|              | Page 3 of 3   | <b>62</b>                           |

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Filing Fee: \$25.00