

1800026747

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 MAY 17 PM 3:21  
FALLABASS, CT 06032

MAY 18 2018  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Yalin Design LLC  
Name of Limited Liability Company

RECEIVED  
2018 MAY 17 AM 10:04  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reesa Kohn

Name of Person

David Torchin CPA

Firm/Company

2300 Glades Rd Suite 205 E

Address

Boca Raton, FL 33431

City/State and Zip Code

reesa@torchincpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reesa Kohn

Name of Person

at (941)

Area Code

323-6300

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)

previously  
submitted

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

JP



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2018

REESA KOHN  
DAVID TORCHIN CPA  
2300 GLADES RD SUITE 205E  
BOCA RATON, FL 33431

SUBJECT: YALIN DESIGN, LLC  
Ref. Number: L18000026747

We have received your document for YALIN DESIGN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You can list only one registered agent, not two.

It appears no changes are being made.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 318A00009280

FILED  
2018 MAY 17 PM 3:21  
DIVISION OF STATE  
REGISTRATION  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Valin design, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 30 2018 and assigned Florida document number L18000026747.

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*

Florida

*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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERAN LEVY		<input type="checkbox"/> Add
		change to	<input type="checkbox"/> Remove
	typo	ERAN LOWY	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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MILWAUKEE  
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FEDERAL  
DEPARTMENT OF  
TRANSPORTATION

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 14 2018

Ressa Kohn  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2018 MAY 17 PM 3:21  
TALLAHASSEE FL 32202