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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Se Division of Con		•	
SUBJECT:	Yumster 1	_LC	
	/ Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Travi	S Brannan Name of Person	· · ·
	<u> </u>	umster LLC Firm/Company	
	4115	SPARROW CT	
	Li Val	Address Address Address Address Address Address	<u> </u>
	E-mail address: (City/State and Zip Code Lary Q out look to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co		
<u>Joseph</u>	Hedary	at (321) 208 - Area Code Daytime	56 73 Telephone Number
Enclosed is a check for the	he 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)

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

(Name of the Limited Lis	MSter LLC ability Company as it now appears on our records.) orida Limited Liability Company)
	ity Company were filed on February 08, 2018 and assigned
This amendment is submitted to amend the following	g:
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:	ASE ASE
(Principal office address MUST BE A STREET AL	
	20 188 ARRY
D	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	
AMALING AUGUSS MAI BE A FOST OFFICE BOA	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office a	registered office address on our records, enter the name of the new 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 Regist	tered 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 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> **Address Type of Action** <u>Name</u> Valrico, FL Remo MGR Matthew Harper _□ Remove 33594 □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change ☐ Add ☐ Remove

_□ Change

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Effective dat	te, if other thar	n the date of	f filing:					(opti	onal)		
f an effective d Note: If the	late is listed, the dat date inserted in th	te must be spec his block doe:	ific and c s not me	cannot be pre-	ior to date licable st	of filing or atutory fili	more than ^o	00 days after ments, thi	r filing.) Pursu s date will n	ant to 605.02 ot be listed	207 (3 as th
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Dated	April	14	,	201	3 .						
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Page 3 of 3

Filing Fee: \$25.00