118000066574

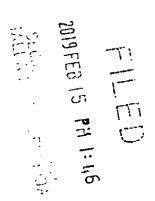
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100324531011

02/15/19 - 01025--020 **25.00



Anima

FEB 2 0 2019

I ALBRITTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yeh LLC			
(Name of the Limit	ed Liability Co. (A Florida Limi	mpany as it now appears on our rected Liability Company)	ords.)
The Articles of Organization for this Limited L Florida document number $\frac{L18000066574}{L18000066574}$	iability Compa	any were filed on 03/14/2018	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited l	iability company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS	2	5 TI
Enter new mailing address, if applicable:		N/A	55 17
(Mailing address MAY BE A POST OFFICE BOX)			
			<u></u> *o
B. If amending the registered agent and/ registered agent and/or the new registered of			rds, enter the name of the r
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street ada	lress
			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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti
MGR	Clyde Yeh	4020 West Palm Aire Drive #407. Pompano Beach, FL 33069	
			■ Remove
MGR	Eugene R. MacBride	5015 Calle Minorga, Sarasota, FL 34242	Change
		34242	■ Add
			Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Chance

D. If amending any other information, enter change(s) here: 4.1ttach additional shrets, if n	ocessary)
· · · · · · · · · · · · · · · · · · ·	· · · · - ·
	<u>-</u>
e e como de e como de estado d	
· · · · · · · · · · · · · · · · · · ·	······································
E. Effective date, if other than the date of filing: (the client effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note: Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records	a diam'r trou a cae ac se ac a
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b). The 90th day after the record is filed.	a.m. on the earlier of:
Dated January 12	
Signature of a member or authorized representative of a member	
Clyde Yen	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25,00