# 118000165283

| (Requestor's Name)                      |
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|   |
| (Address)                               |
|   |
| (Āddress)                               |
|   |
| (City/State/Zip/Phone #)                |
| <b>\</b> /                              |
| PICK-UP WAIT MAIL                       |
| J                                       |
| (Business Entity Name)                  |
| (Basilloss Elilly Walle)                |
| (Document Number)                       |
| (Document Number)                       |
| Conflict Contra                         |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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O SIMMONS 'JAN - 3 2020 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

| Communication Name 8 December Number                         | (OFFICE USE ONLY)   |  |
|--|---|--|
| Corporation Name & Document Number  1. YPP Capital 7         | r, (11 known):  |  |
| (Corporation Name)   | Document #  |  |
| 2  |   |  |
| (Corporation Name)   | Document #  |  |
|  |   |  |
| Walk in  | Pick up time  |  |
| Mail out   | Will wait   |  |
| Photocopy  | Certified Copy  |  |
| Certificate of Status  |   |  |
| NEW FILINGS  | <u>AMMENDMENTS</u>  |  |
| Profit Not for Profit Limited Liability Domesitication Other | Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger |  |
| OTHER FILINGS  | REGISTERATION/QUALIFICATIONS  |  |
| Annual Report  | Foreign   |  |
| Fictitious Name  | Limited PartnershipReinstatementTrademarkOther  |  |
|  | EXAMINER'S INITIALS:  |  |

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

|   | (OFFICE USE ONLY)                                 |
|---|---|
| Corporation Name & Document Number, (if |   |
| 1. YPP Capital 770                      | ILC   |
| (Corporation Name)                      | Document #  |
| 2.                                      |   |
| (Corporation Name)                      | Document #  |
| (Corporation Name)                      | Document #  |
| /                                       |   |
| _√ Walk in                              | Pick up time                                      |
| Mail out                                | Will wait   |
| Photocopy                               | Certified Copy                                    |
| Certificate of Status                   |   |
| NEW FILINGS                             | <u>AMMENDMENTS</u>                                |
|   |   |
| Profit Not for Profit                   | Amendment Resignation of R.A. Officer/Director    |
| Limited Liability                       | Change of Registered Agent                        |
| Domesitication                          | Dissolution/Withdrawal                            |
| Other                                   | Merger  |
| OTHER FILINGS                           | REGISTERATION/QUALIFICATIONS                      |
| Annual Report                           | Foreign   |
| Fictitious Name                         | Limited Partnership Reinstatement Trademark Other |
|   |   |

EXAMINER'S INITIALS:

### **COVER LETTER**

## Registration Section Division of Corporations

|                      | AL 770 LLC<br>Name of Limite                 | ed Liability Company  |   |
|----------------------|--|---|---|
|                      | Amendment and fee(s) are subm                |   |   |
| return all correspor | idence concerning this matter to             | o the following:  |   |
|                      | Robin Chicly                                 | _   |   |
|                      |  | Name of Person  | - <del>-</del>  |
|                      | YPP CAPITAL 770 LLC                          |   |   |
|                      |  | Firm/Company  |   |
|                      | 1800 E Hallandale Beach B                    | Blvd #85012   | <u></u>   |
|                      |  | Address   | <del>-</del>  |
|                      | Golden Isles, Fl 33008                       |   |   |
|                      |  | City/State and Zip Code   |   |
|                      | rob@vogamedia.com<br>E-mail address: ()      | to be used for future annual report notific                         | cation)   |
| ırther information c | oncerning this matter, please ca             | all:  |   |
| n Chicty             |  | 754 888-9482<br>at ()   |   |
| Name o               | f Person                                     | Area Code Daytime   | Telephone Number  |
| sed is a check for t | 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

| YPP CAPITAL 770 LLC (Name of the Limited I   | lability Compan                  | Y Ha It now Hopears of | n our records.)       |                               |
|--|----------------------------------|------------------------|-----------------------|-------------------------------|
| rticles of Organization for this Limited Liabi   |                                  |                        |                       | and assigned                  |
| la document number L18000155283  | •                                |                        |                       |                               |
| amendment is submitted to amend the following  |                                  |                        |                       |                               |
| amending name, enter the new name of the   | e limited Jiabi                  | lity company here      | :                     |                               |
| ew name must be distinguishable and contain the word                                   | ls "Limited Liabili              | ity Company," the desi | gnation "LLC" or t    | he abbreviation "L.L.C."      |
| r new principal offices address, if applicab   |                                  | 1800 E Hallandalo      | Beach Blvd            | <u></u>                       |
|  |                                  | #85012                 |                       | FG T                          |
| <u>icipal office address MUST BE A STREET ADDRESS)</u>                                 |                                  | Golden Isles, Fl 3     | 3008                  | 1 2 T                         |
| er new mailing address, if applicable: <u>illng address MAY BE A POST OFFICE BOX)</u>  |                                  |                        |                       | ED<br>PH 1: 51<br>PHASSEE, FL |
| If amending the registered agent and/or<br>stered agent and/or the new registered offi | r registered o<br>ce address her | ffice address on<br>e: | our records, <u>e</u> | nter the name of the new      |
| Name of New Registered Agent:  | Melvyn Trute                     |                        |                       |                               |
| New Registered Office Address:   | 1090 Kane Co                     |                        |                       |                               |
| New Registered Office Address.   |                                  | Enter Flori            | da street address     |                               |
|  | Bay Harbor Is                    | land                   | , Florid              | da 33154                      |
|  |                                  | City                   |                       | Zip Code                      |
| Registered Agent's Signature, if changing Re   | egistered Agent                  | <u>:</u>               |                       |                               |

wisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

creby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

inding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added loved from our records:

#### = Manager

### R = Authorized Member

| Name          | Address                      | Type of Action |
|---------------|------------------------------|----------------|
| Daniel Kavian | 20505 E Country Club Drive   | Add            |
|               | #433                         | ■ Remove       |
|               | Aventura, F1 33180           | ☐ Change       |
| Inbal Patichi | 1800 E Hallandale Beach Blvd | Add            |
|               | #85012                       | Remove         |
|               | Golden Isles, FI 33008       | ☐ Change       |
|               |                              | ☐ Add          |
|               |                              | ☐ Remove       |
|               |                              | ☐ Change       |
|               |                              | ECRI<br>TAL    |
|               |                              | Remove         |
|               |                              | OF STATI       |
|               |                              | □ Add          |
|               |                              | □ Remove       |
|               |                              | □ Change       |
|               |                              | Add            |
|               |                              | Remove         |
|               |                              | ☐ Change       |

| There are 3 changes:   |  |  |
|--|--|--|
| i). Please change Registered Ag  | gent to:   |  |
| Melvyn Trute   |  |  |
| 1090 Kane Concourse #202   |  |  |
| Bay Harbor Island, Fl 33154  |  |  |
| 2). Please remove Daniel Kavia   | nn as MGR  |  |
| 3). Please add MGR:  |  |  |
| Inbal Patichi  |  |  |
| 1800 E Hallandale Beach Blvd   |  | SECRET THE   |
| #85012   |  | ARE AR   |
| Golden Isles, Fl 33008   |  | HASS OF R  |
|  |  | <u> </u>   |
|  |  | FAI S  |
|  |  |  |
| effective date, if other than the officetive date is listed, the date must If the date inserted in this bloment's effective date on the De | ck does not meet the applicable statutory i        | (optional) or more than 90 days after filing.) Pursuant to 605.0207 filing requirements, this date will not be listed as t |
| ecord specifies a delayed<br>se 90th day after the reco  | effective date, but not an effective ord is filed. | ve time, at $12:01$ a.m. on the earlier of   |
| d December 24  | 2019   |  |
| 211  |  |  |
|  | Signature of a member or authorized representa     | ative of a member  |

Page 3 of 3

Filing Fee: \$25.00