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COVER LETTER

Divi	ision of Corp	porations		
SURIFCT:	YELLOW I	ENTERPRISE, LLC		
SOBJECT.		Name of Lim	nited Liability Company	1
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Veronica V. Silva		
			Name of Person	
		Yellow Enterprise.LLC		
			Firm/Company	·
		500 Bayview Dr Slip W4		
			Address	
		Sunny Isles Beach FL 331-	60	
		cecilia@cvscestas.com.br	City/State and Zip Code	***************************************
		E-mail address: (to be used for future annual report notifi	cation)
For further in:	formation co	ncerning this matter, please ea	nii:	
Jara Cunha	 .		954 2749272 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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:

TO:

Registration Section

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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YELLOW ENTERPRISE, 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 July 13 2018 and assigned Florida document number _L18000169034 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 "LLC" 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

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>	Type of Action
P	Severino F. Silva	500 Bayview Dr. Slip W4 Sunny Isles Beach FL 33160	Add
			■ Remove
			Change
P	Maria C. Vicentim	500 Batview Dr Slip W4 Sunny Isles Beach FL 33160	
			□ Remove
			🗆 Add
			Remove
		·	☐ Change
			□ Add
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effective date is listed, the date must 1 If the date inserted in this bloom	ck does not meet the a	applicable statutory			
ment's effective date on the Dep	partment of State's re-	cords.			
ecord specifies a delayed	effective date, bu	ut not an effect	ive time, at 12:0)1 a.m. on the ear	lier
ne 90th day after the reco			·		
d August 14	2018				
, August 14 - >					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00