## 119000 113600

(Re	equestor's Name)			
(Ac	Idress)			
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(Ci	ty/State/Zip/Phone #	<del>f)</del>		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Name	;)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				
		4/28/21 TM		

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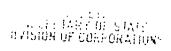
21 HAR -8 PH 3: 54

## **COVER LETTER**

TO: Registration Se Division of Cor			•		
0.4 tm, 2.44 dam.	PINE APTS LLC				
SUBJECT:	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:			
	FLOYD MARSH				
		Name of Person			
	YELLOW PINE APTS LL	C			
		Firm/Company			
	3221 OLEANDER WAY				
		Address	`		
	POMPANO BEACH, FL	33062			
	<u> </u>	City/State and Zip Code			
	FLOYDMARSHJOY@GN		<del></del>		
	E-mail address: (	to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
FLOYD MARSH		954 254-7613			
Name of Person		at () Area Code Daytime	: Telephone Number		
Enclosed 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)		
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction		
Registration Section Division of Corporations			Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
Tallahassee FL 32314					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAR -8 PM 3: 54

YELLOW PINE APTS LLC

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

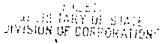
The Articles of Organization for this Limited L Florida document number L19000113600		were filed on Al	PRIL25, 2019 and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name σ	f the limited liab	oility company h	ere: `
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the c	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)		3221 OLEANDER WAY	
		POMPANO BEACH, FL 33062	
		3221 OLEANDER WAY POMPANO BEACH, FL 33062	
B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:			ecords, <u>enter the name of the new registered</u>
	2221 OLEANIE	DED WAY	,
New Registered Office Address:	3221 OLEANDER WAY  Enter Florida street address		
	POMPANO BI	EACH	, Florida _33062
		City	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:	į	

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.

of 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



21 MAR -8 PM 3:54 Type of Action Address Title Name | FLOYD MARSH 3221 OLEANDER WAY MGR bbA□ POMPANO BEACH, FL 33062 \_\_\_\_\_ 

Change \_\_\_\_ □Change \_\_\_ Change \_ \_\_\_ □Change \_\_\_\_\_ Change

). If amending any other information	i, enter change(s) here: (Attach additional sheeting) medeshirly) ATION
	21 MAR -8 PM 3: 54
<del></del>	•
·	
C. Effective date, if other than the dat (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 does not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective da ecord is filed.	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MARCH 3	2021
A	
Sign	nature of a member or authorized representative of a member
FLOYD MARSH	
	Typed or printed name of signee

Filing Fee: \$25.00