

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Yukon Limited LC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Wilson  
Name of Person

Yukon limited LC  
Firm/Company

P.O. Box 169  
Address

St. Augustine FL 32085-0169  
City/State and Zip Code

jsinclair@jacksonwilson.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Sinclair at ( 904 ) 797-4867 ext. 1011  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Yukon Limited LLC

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

FILED  
2019 MAR -6 PM 12:15

The Articles of Organization for this Limited Liability Company were filed on 4/14/1999 and assigned Florida document number L99000002099.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

107 Herons Nest Lane

St. Augustine FL 32080

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

107 Herons Nest Lane

St. Augustine FL 32080

**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:**

Brian Wilson

**New Registered Office Address:**

107 Herons Nest Lane

Enter Florida street address

St. Augustine  
City

Florida 32080

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.

Brian Wilson

**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>	<u>Type of Action</u>
MGR	Brian Wilson	107 Herons Nest Lane	<input checked="" type="checkbox"/> Add
		St. Augustine FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michelle Wilson	107 Herons Nest Lane	<input checked="" type="checkbox"/> Add
		St. Augustine FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John E. Wilson Jr.	2255 US 1 South	<input type="checkbox"/> Add
		St. Augustine FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AM	Geraldine Y Wilson	2255 US 1 South	<input type="checkbox"/> Add
		St. Augustine FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

b) The 90th day after the record is filed.

  
Signature of a member or authorized representative of a member

Barbara Wilson  
Typed or printed name of signee