48000092954

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8 MAY 18 PM 2:44

RECRUIARY OF STATE
NITHWISSES TO STATE

K SALY MAY 21 2018

COVER LETTER

TC	D: Registration Solution of Col			
Ç1	YPP CAPI			
SU	BJECT:	Name of Lin	nited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Ple	ease return all correspo	ondence concerning this matter	to the following:	
		DANIEL KAVIAN		
			Name of Person	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		20035 NE 2ND COURT		
			Address	 ,
		MIAMI, FL 33179		
			City/State and Zip Code	
		YPPCAPITALLLC@GMA	IL.COM to be used for future annual report notif	Fand an
For	further information c	oncerning this matter, please co	•	санону
DA	ANIEL KAVIAN		917 5014502	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enc	closed is a check for th	ne 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

18 MAY 18 FM 2:44

YPP CAPITAL 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 we	ere filed on APRIL 12, 2018	_ and assigned	
Florida document number L18000092954			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbre	viation "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)			
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the</u>	e name of the new	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	Zin Coda	
New Registered Agent's Signature, if changing Registered Agent:	G.	ωφ Coue	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change.	rformance of my duties, and I am fam vided for in Chapter 605, F.S. Or, if t	iliar with and his document is	

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>	Address	Type of Action
CEO	DANIEL KAVIAN	20035 NE 2ND COURT	
		MIAMI, FL 33179	□ Remove
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			Add
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an effective ote: If the	date is listed, the date inserted i	date must be spe	ecific and cannots not meet t	ot be prior to d he applicable	ate of filing or mo	(opt ore than 90 days after requirements, th	ional) r filing.) Pursuant to 605.0207 is date will not be listed as
record The 90th	specifies a d n day after t	delayed effe the record is	ctive date, ; filed.	but not a	n effective ti	me, at 12:01	a.m. on the earlier of
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00