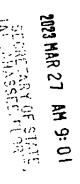
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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RECEIVED

A. RAMSEY MAR 2 8 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: March 27, 2023	ACCOUNTAIN 120000000000
Name: James Brodbeck	
Reference #:1932465	
Entity Name: YELLOWFI MANAGEMENT, LL	<u>.c </u>
Articles of Incorporation/Authorization to Transact Bus	siness
☐ Amendment	
Change of Agent	
Reinstatement	
Conversion	
Merger Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$25.00	
Signature:	

COVER LETTER

TO: Registration Section

	Division of Corporations				
SUBJE	FCT. YellowFi Management, LLC				
	Nan	ne of Lir	mited Li	ability Company	
Dear Sir	or Madam:				
The enc	losed Registered Agent/Registered Off	ice Chai	nge and	fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning th	is matte	r to the i	following:	
	Jevon Europe				
	Name of Person			_	
	COGENCY GLOBAL INC.				
	Firm/Company			_	
	122 East 42nd Street, 18th F	ı			
	Address				
	New York, NY 10168			_	
	City/State and Zip Code				
E-1	statrep@cogencyglobal.com		ort notifi	cation)	
For furth	ner information concerning this matter,	, please	call:		
	Jevon Europe	ai (800) 221-0102	
	Name of Person			Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Reg Div P.C	AILING ADDRESS: eistration Section eision of Corporations D. Box 6327 lahassee, Florida 32314	
	Enclosed is a check for the following	amoun	ıt:		
	■ S25 Filing Fee		□ \$ 5	5 Filing Fee & Certified Copy	
INHS18	(2/14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company:	Y (ellowFi Management, LLC
	(a)	1001 Brickell Bay Drive	_ (b)	1001 Brickell Bay Drive
~. (α	(14)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 3200		Suite 3200
		Miami, Florida, 33131		Miami, Florida, 33131
		March 24, 2022		L20000088593
3.		Date of filing/registration in Florida	4.	Document number
5	(a)	Tyler Piercy		
J. (a.		Registered Agent and Registered Office shown on the records of the 1001 Brickell Bay Drive	Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET A)	三	
		Suite 3200		
		Miami JFL	33	131 第5 基
(b)				
	(b)	Cogency Global Inc.		<u> </u>
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addr	: <u>:ess</u> :
		115 North Calhoun Street, Suite 4		
		NEW Registered Office Address:		
			323	301
the age wa	cha ent w s/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li-	he registe pility con the limit	ered office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	/s/ F	lelena Lopes Caldeira; Alexandre Riccio de Oliveira	Hele	ena Lopes Caldeira; Alexandre Riccio de Oliveira
	~	ure of a member or authorized representative of a member		Printed or typed name of signce
pro the to i	wisi obli mere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I his lim writing of this change.	1,7 1/3/11 117/17	nce of my duties, and Lom Iamiliar Will and accent
ا چنج	natur	ONIMO KLOQUID, ASSISTANT SECRETO	M	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00