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CHOOK OF OBLIGATION

COVER LETTER

Division of Cor						
Y & L Jacr	nacjian, 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	indence concerning this matter	to the following:				
	Lisa Jacmacjian					
		Name of Person	·			
	Y & I. Jacmaejian, I.I.C					
		Firm/Company			22	
	1105 So Dixie Hwy E				SEP	· ·
		Address			52	Ξ.
	Pompano, Fl 33060				A	The Control
		City/State and Zip Code			AM II:	
	lisa@eascoastservices.net E-mail address: (to be used for future annual re	port notification)		2	7
For further information e	oncerning this matter, please c					
Lisa Jacmaejian			7822			
Name o	f Person	at () Area Code	Daytime Telephon	e Number		
Enclosed is a check for the	he following amount:					
■ S25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55,00 Filing Fee &		560.00 Filing Fee,		
= 321.00 / Hing / CC	Certificate of Status	Certified Copy (additional copy is enclo	sed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration 3		Street Add Registrat	<u>Iress:</u> ion Section			
Division of C			of Corporation	S		
P.O. Box 632			ire of Tallahass			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y & L Jacmaejian, 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 $\frac{09/23/2019}{1}$ and assigned Florida document number 1,08000000982 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) 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 City

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>	Address	Type of Action
AMBR	GIANNA JACMACJIAN	5801 NW 60 STREET	
		PARKLAND, FL 33067	≣Remove
			□Change
AMBR	MAKAYLA JACMACJIAN	5801 NW 60 STREET	
		PARKLAND. FL 33067	■Remove
			□Change
			□Add 22 ☑
			□Rem SQ
			Rem Chair 0 VA
			□Remove
			□Change
			IRemove
			□Remove
			□Change

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							AH	(H) (A)
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Effective	e date, if other than the	re date of filing	g: I cannot be prior	to date of tiling	or more than 90 da	(optional)	uant to 605.020	17 (3
<u>Note:</u> If	the date inserted in this at's effective date on the	block does not n	neet the applic	able statutory i	iling requireme	nts, this date will i	not be listed a	is th
the record s ford is filed	specifies a delayed effect l.	ive date, but not	an effective ti	me, at 12:01 a	m. on the earlie	r of: (b) The 90t	h day after th	e
	COTCAMBED 10		2022					
Dated	EPTEMBER 19.	_						
cord is filed			2022					

Filing Fee: \$25.00

Typed or printed name of signee