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COVER LETTER

Registration Section Division of Corporations

TO:

Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
YARITZA MATIAS	
Name of Person	
Firm/Company	
14816 PELLICER DR.	
Address	
ORLANDO, FL 32828	1 L 2020 JUN 23
City/State and Zip Code	
ydyuniqueconcret@bellsouth.net يُرْمَى	23
E-mail address: (to be used for future annual report notification)	P
For further information concerning this matter, please call:	
YARITZA MATIAS 407 373-3943	ლ <u></u>
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Same Status S	f Status &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YDY UNIQUE CONCR	RETE LLC
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) / Company)
The Articles of Organization for this Limited Liability Company were believed to the Company were belie	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
YDY UNIQUE SERVICES LLC	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(3) 13 (3) 13 (6) 13 (7) 13 (7
Enter new mailing address, if applicable:	P9 3
(Mailing address MAY BE A POST OFFICE BOX)	98 L 198 L
B. If amending the registered agent and/or registered office addres agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Lines I formation and an annual state of the
	tv Zip Code
	iv Zīp 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.

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>	Type of Action
			□Add
			□Remove
			Change
			2020 UN 23 □Change
			PH 3: □Add
		*************************************	Change
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be perfective date inserted in this block does not meet the apument's effective date on the Department of State's reco	pplicable				.) Pursu	
cord specifies a delayed effective date, but not an effective filed.	ive time, a	at 12:01 a.m.	on the earlie	rof:(b) Ti	ie 90th	day after th
d	·					
Signature of a member or a						