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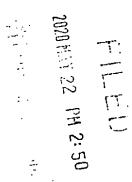
(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

(1.1.1.1	, 2012 LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yanis Mazouz		
		Name of Person	
		Firm/Company	
	1717 N Bayshore Drive #2		
		Address	
	Miami, FL 33132		
	-	City/State and Zip Code	
	yanisRmazouz@gmail.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	tication)
Yanis Mazouz		561 674-5750 at ()	
Name of Person		at () Area Code Daytim	e Telephone Number
Enclosed 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 Addres Registration 5		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

PHRETAIL 2012, LLC

The Articles of Organization for this Limited Liability C	Company were filed on $\frac{11/01/12}{}$	an	d assigned
Florida document number L12000139146	 ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
YM STR, LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designat	on "LLC" or the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)	77	
		:	22 -
Enter new mailing address, if applicable:		•	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		<u></u>
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	l office address on our record:	s, <u>enter the name of th</u>	e new registered
New Registered Office Address:	Enter Florida stre	et address	
		PI (1	
	City	, Florida Zip (Code
New Registered Agent's Signature, if changing Registered	<u>d Ag</u> ent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence accept the obligations of my position as registered againg filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my di gent as provided for in Chapto	ities, and Lam familia er 605, F.S. Or, if this	r with and 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
			□Remove
			□Change
			□Remove
			□ Add
			□Remove
			☐ Change
			\ \ \ \ \Add
			Remove
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ffoot	ive date, if other than the date of filing: (optional)
an efi iote:	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ient's effective date on the Department of State's records.
recor Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	5/20/2020
ابدرو	
ated	AD PA
ated	Signature of a member or authorized representative of a member