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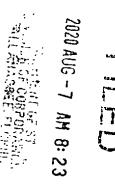
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations 210 Jupiter Lakes Blvd Office LLC. SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gaetano J. Scuderi Name of Person 210 Jupiter Lakes Blvd Office LLC Firm/Company 151 Fishermans Way Address Jupiter, FL. 33477 City/State and Zip Code scuderimd@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gaetano J. Scuderi 926-1736 56 L Name of Person Davume Telephone Number Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ **\$**55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

210 Jupi	ter Lakes Blvd Off	ice LLC.			
(Name of the Limi	ted Liability Compa (A Florida Limited)	tny as it now appears Liability Company)	on our records.)	The second	
The Articles of Organization for this Limited L Florida document number	iability Company	were filed on	Outober 31, 2014	and assigned.	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>e</u> :		
YG 730 S	elf Def LLC				
The new name must be distinguishable and contain the v	ords "Limited Liabil	lity Company," the des	ignation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		151 Fishermans V	Vay		
		Jupiter, FL 33477			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		151 Fishermans V Jupiter, FL 33477			
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:			ords, enter the	name of the new registered	
		. Florida			
		City	, = ===	Zip Code	

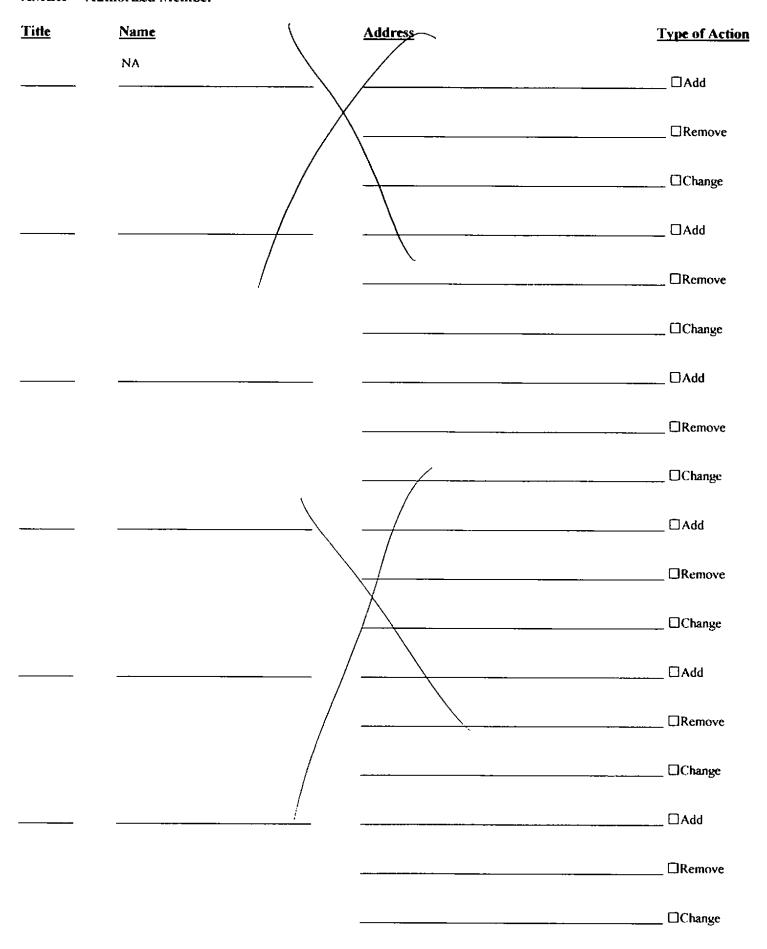
New Registered Agent's Signature, if changing Registered Agent:

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



	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NA
	NA
	
(ifanc <u>Note</u> :	tive date, if other than the date of filing:
If the recorecord is t	ord 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 iled.
Dated	August 3 2020 .
Dates	Tent leston la
	Signature of a member or authorized representative of a member
	Gactano J. Scuderi

Typed or printed name of signee