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SECRETARY OF STATE TALLAHASSEE, PLORIDA

CÖVER LETTER

Division of Corporations YAIRA HERNANDEZ 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: IGNACIO HERNANDEZ Name of Person YAIRA HERNANDEZ LLC. Firm/Company 561 NE 79 ST SUITE 420 Address **MIAMI FL 33138** City/State and Zip Code ACCOUNTING@SOLIDBUILDERSING.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IGNACIO HERNANDEZ Name of Person Daytime 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 & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAIRA HERNANDEZ LLC.		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)
(1110142 2111102 211	company)	,
The Articles of Organization for this Limited Liability Company w	vere filed on 01/29/2015	and assigned
Florida document number L15000017629		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ntain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." if applicable: STREET ADDRESS	
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)		<u> </u>
		2 53
		<u> </u>
Enter new mailing address, if applicable:		- 19 62 18 62 18 62
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(Mailing address MAY BE A POST OFFICE BOX)		
T) 10 10 10 10 10 10 10 10 10 10 10 10 10		The state of the s
6. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records,	enter the name of the new
Name of New Registered Agent:	•	
		······································
New Registered Office Address:	Enter Florida street address	
	Enter r tortaa street address	
	, Flor	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IGNACIO HERNANDEZ	561 NE 79 ST SUITE 420	
			Change
MGR	YAIRA HERNANDEZ	5690 SW 130 AVE	Add
			■ Remove
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Page 3 of 3

Filing Fee: \$25.00