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PICK-UP	☐ WAIT	MAIL.
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Special Instructions to I	Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Secti Division of Corpo			
CHDIECT.	YCAP LLC		
SUBJECT:	YCAP, LLC Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	<u>Lillian</u> Z	Name of Person	
		Name of Person	
	YCAP LLC	Firm/Company	
		Firm/Company	
	12883 Citi	TUS Plaza Drive	
		Address	
	Tampa, FL	_ 33 625 City/State and Zip Code 200 GMail - 40M o be used for future annual report notific	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notific	cation)
For further information con-	cerning this matter, please ca		
Lillian Zr	leng	at (407) 802-60 Daytime	456
Name of P	erson	Area Code Daytime	relephone Number
Enclosed is a check for the	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 ADDRESS:

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

YCAP, LLC (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records liability Company)	<u>a</u>)	
The Articles of Organization for this Limited Liability Company Florida document numberL150000 Z0691	were filed on 8 1 a 2	o15 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "Laba"	
Enter new principal offices address, if applicable:	NA	FEB AR	i i
(Principal office address MUST BE A STREET ADDRESS)		SEE SEE	֓֞֝֞֞֞֞֓֞֞֞֞֩֞֞֩֓֓֓֡֓֞֩֞֩֓֡֓֡֡
		3 mc	3,
Enter new mailing address, if applicable:	<u> </u>	7: 36	CTATE
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
	····		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<u>e</u> :	, enter the name of the new	
Name of New Registered Agent:	NA		
New Registered Office Address:	NA Enter Florida street address		
- 	City,	rida	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, an	d I am familiar with and	

NIA

If Changing Registered Agent, Signature of New Registered Agent

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 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 Type of Action Title Name **Address** 13238 Jervey street DAdd YANG, QIN W AMBR Windrimere, FL 34786 VRemove 13238 Jervey Street DAdd AMBR YANG, QINWEI Winder Mere FL 34786 Remove □ Change ☐ Remove □ Change ☐ Add ☐ Remove Change □ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change

MR		
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fective date, if other (han the date of filing:	(optional)
un effective date is listed, th ote: If the date inserted	date must be specific and cannot be prior to date of filing or more to this block does not meet the applicable statutory filing re-	than 90 days after filing.) Pursuant to 605.0 quirements, this date will not be listed
ocument's effective date	on the Department of State's records.	
	delevered effective data have making affective times	a at 12,01 and on the parties
The 90th day after	delayed effective date, but not an effective time the record is filed.	s, at 12.01 a.m. on the earner
nted		
Alm	THE PARTY OF THE P	
— ()	Signature of a member or authorized representative of a	i member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00