## L16000040825

Office Use Only



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12/27/22--01013--013 \*\*25.00

## **COVER LETTER**

YSG Inves	tmant LLC			Ą
SUBJECT:			•	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Yorjan Snacho			
		Name of Person	_	
		Firm/Company	_	
	19025 NW 62nd Ave Apt	101		
		Address	_	
	Hialcah FL 33015		<del></del>	
	ysg_invesment.kurume@si	City/State and Zip Code		27
		(to be used for future annual report notification)	٠.	23
For further information c	oncerning this matter, please c	all:		·
Yorjan Sancho		786 325-9335 at ( )		
Name o	f Person	Area Code Daytime Telephone Numb	er	- <del>-</del> -
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Statu	
Mailing Addres		Street Address:		
Registration S		Registration Section		
Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YSG Investment LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/26/2016}{1}$ and assigned Florida document number 1.16000040825 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida \_\_\_

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>	Name	<u>Address</u>	Type of Action
MGR	Omar Sancho	19025 NW 62nd AVE Apt 101	■Add
		Hiałeah FL 33015	□Remove
			□Change
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			<u> </u>
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a ument's effective date on the Department of State's rec	oplicable statutory filir	(option nore than 90 days after f ng requirements, this	iling.) Pursuant to 605.02
ecord specifies a delayed effective date, but not an effect s filed.	ve time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after th
ted 12 - 19 , 202	Z		
Signature of a member or	and the	•	