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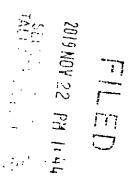
(Re	equestor's Name)	
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## **COVER LETTER**

Division of Corpo	orations		
SURJECT: YCY	Holainas LL	ited Liability Company	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ofer	Variv Name of Person	
•		Name of Person	
		Firm/Company	
	Pag	? n V	
	1,02	30 X 1009 7 Address	<del></del>
	Pens	City/State and Zip Code	<u> </u>
		3 Mail. CoM to be used for future annual report notif	
	E-mail address: (1	to be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	all:	
م (م	No. 214	7 . 0 . 8 . 7	777
Name of I	Person	at ( 702 ) 908 - 7 Area Code Daytime	Telephone 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:

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

YCY Holr	1NGS	L	_C		
Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our r pility Company)	ecords.)		<del></del>	
The Articles of Organization for this Limited Liability Company we	ere filed on <u>03/31</u>	12016	a	ınd assi	igned
Florida document number <u>L 16000064233</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	y company here:				
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"LLC" or the	abbrevia	tion "L.I	C."
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 registered agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our red	cords, <u>ent</u> e	er the r	name 0	of the new
New Registered Office Address:				122	* ************************************
New Regimered (Titlee Flagress).	Enter Florida street o	ddress , Florida	· .	P#	
	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 o	igree to	compl	ly with the

If Changing Registered Agent, Signature of New Registered Agent

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 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
A <u>MBR</u>	Chavatzelet yaniv	6437 Concord Way Pensag	COY or IN VOIG
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(If an efi <u>Note:</u>	ive date, if other than the date of filing:	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	of:
Dated	NOV e. MbQ r 18 . 2019.  Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00