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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

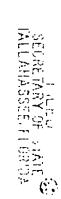




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COVER LETTER

TO	D: Registration S Division of Co			
¢1		lutions, LLC		
SU	JBJECT:	Name of Lim	ited Liability Company	
Th	ne enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Ple	ease return all corresp	ondence concerning this matter	to the following:	
		Eileen Aller		
			Name of Person	
		YOPA Solutions, LLC		
			Firm/Company	
		308 S. Clyde Ave.		
			Address	
		Kissimmee, FL 34741		
			City/State and Zip Code	
		yopasolutions@gmail.com		•
Fo	r further information	eoncerning this matter, please ca	to be used for future annual report notif	(Cauon)
Ei	leen Aller		910 650-9635 at () Daytime	
	Name	of Person	Area Code Daytime	e Telephone Number
En	closed 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

YOPA Solutions, LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were t	Tiled on 07-14-2016 and assigne	d
Florida document number L16000132961		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."	1
Enter new principal offices address, if applicable:		 .
(Principal office address MUST BE A STREET ADDRESS)	17 DE:	ALLAHASSI E.I. L. distor
		39. 39. 31.
Enter new mailing address, if applicable:		اب <u>ت:</u> '
(Mailing address MAY BE A POST OFFICE BOX)	9	SEGRE TARY OF LUCION
	03	
		(
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the name of t	<u>he nev</u>
Name of New Registered Agent:		
V D 1 100 100		
New Registered Office Address:	Enter Florida street address	
	, Florida	
C	Ty Zin 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
PRN	Molly C Hill	308 S. Clyde Ave. Kissimmee, FL ?	
			■ Remove
			Change
			□ Add
			☐ Remove
			Change
		 	
			☐ Remove
			☐ Change
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	11/28/2017	
	ie date of filing:ust be prior to date:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.
Note: If the date inserted in this document's effective date on the		atutory filing requirements, this date will not be liste
e record specifies a delaye The 90th day after the re		effective time, at 12:01 a.m. on the earlie
Dated	2017	
	7	

Typed or printed name of signee