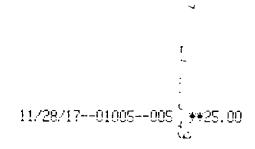
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COVER LETTER

TO:	Registration Sec Division of Corp			
eun u		OUP SERVICES L.L.C.		
20B1	ECT:		nited Liability Company	
	•			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		LAITH Baffal	-	
			Name of Person	
		YAFA GROUP SERVICE	ES L.L.C.	
			Firm/Company	···
	172 nw 52nd street			
Address				
		Miami FL 33127		
			City/State and Zip Code	
		Fatonys26@gmail.com	(to be used for future annual report notifi	ication)
For fu	rther information co	oncerning this matter, please o	·	,
	Battah		402 316-8583 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Yafa Group Services L.L.C. (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 8/26/2016 and assigned Florida document number _____L16000160186 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 "L.L.C." 172 nw 52nd street apartmen#2 Enter new principal offices address, if applicable: Miami Fl (Principal office address MUST BE A STREET ADDRESS) 33127 172 nw 52nd apartment#2 Enter new mailing address, if applicable: Miami fl 33127 (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: Laith Ballah Name of New Registered Agent: 172 nw 52nd street apartment#2 New Registered Office 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.

Miami

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida 33127
Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title ·	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Laith BaHah	172 nw 52nd Street apartment#2	
		Miami Fl	□ Remove
		33127	☐ Change
MGR	Oday Battah	110 SW 12th street	Add
		Miami Fl	Remove
		33130 Apartment# 1002	☐ Change
			□ Remove
		<u> </u>	Change
			: Remove
			□ Change
			Add
			Remove
		<u> </u>	☐ Change
			Add
			□ Remove
			Change

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te:	tive date, if other than the date of filing: 1000 10017 Tective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	90 days after filing.) ruistaant to 605.02
	cord specifies a delayed effective date, but not an effective time, as 90th day after the record is filed.	at 12:01 a.m. on the earlier
ed _	11/21/2017	
	Signature of a member of authorized representative of a me	mher

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00