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PICK-UP	☐ WAIT	MAIL
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2021 FEB 25 AM 7: 29
SECRETARY OF STATE
TALLAHASSEE FA

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Cor	porations		
Y-VAS LLO	С		
	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	<u>-</u>	
	Lia B. Yaffar-Pena		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Y-Vas LLC		
		Firm/Company	
	2001 Meridian Avenue, Ap	ot 507	
		Address	
	Miami Beach, FL 33139		
	lyaffar@y-vas.com	City/State and Zip Code	
		to be used for future annual report notific	cation)
urther information co	oncerning this matter, please ca	all:	
affar-Pena		305 608-8007	
Name o	f Person		Telephone Number
osed is a check for th	ne following amount:		
25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sect	

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Y-VAS LLC	2021 FFR 25 AM 7, 20
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.
The Articles of Organization for this Limited Liability Company	SECRETARY OF STATE  were filed on 09/30/20 Tel LLAHASSEE, Fland assigned
Florida document number L16000183211	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Lia B Yaffar-Pena LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(0) 1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1/N
	10(1)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	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:	7/14
<del>-</del>	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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_\_\_

IGR = N MBR = A	Ianager Authorized Member	<b>R</b> .	
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f an effective date is lis Note: If the date ins	ther than the date ted, the date must be spe- terted in this block do date on the Departm	ecific and cannot be not meet the	be prior to date of t applicable statu	filing or more than 9	(optional) 0 days after filing. ements, this date	) Pursuant to 605.0207 will not be listed as
e record specifies a drd is filed.	elayed effective date,	but not an effec	ctive time, at 12:	:01 a.m. on the ea	arlier of: (b) Th	e 90th day after the
Pebruary 22		, 2022				
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<del></del>	Signar	If Of a member of	ua) or authorized repre	esentative of a men	ber	