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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: YESTM Mirana LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Coray E. Hoffman Coray E. Hoffman, P.A
Corey E. Hoffman, P.A.
3200 Mary S.t #303
MIA F 33133
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (30T) 443 - 17600 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certified Copy & Certificate of Status \& Certified Copy & Certified Copy (additional copy is enclosed) \$\Bigcup \$Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahussee, 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

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	(Nan	ie of t	he Li	mited Lis	ibility Co	mpany as it n	ow appears	on our records.)
				(A Flo	irida Limi	led Liability C	`ompany)	

Florida document number <u>L/6 000 L33748</u>	inpany were fried on 12/2	and assigned
Piorida document number 170 000 000 17	. ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
YESYM PR, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	ntion "LLC" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ored office address on our	records anter the name of the new
registered agent and/or the new registered office addre		records, ener the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	eet address
		Florida
	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 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

12/20/2011

	g Authorized Person(s) authorized to n from our records:	ianage, <u>enter the</u>	title, name, and address of each	person being add
MGR = M $AMBR = A$	lanager .uthorized Member		18 DEC 11 PH 5:59	
<u>Title</u>	Name	Address	ALCONO PARTAGOS	Type of Action
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	nge(s) here: (Attach additional sheets, if necessary.) 18 OEC / PH 5: 59
	5:50
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Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and ca	innot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(at the applicable statutory filing requirements, this date will not be listed as the
The 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of:
Dated 12/7/2018	
Cory E. Hoffin	mber or authorized representative of a frember
	not of male representative or appearance

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00