# 1170000 34431

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



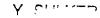


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SECRETARY OF STATE

019 OCT 23 AM ID: 7



### **COVER LETTER**

	istration Se sion of Cor			
SUBJECT:	<u>Y.</u>		VESTMENTS ited Liability Company	LLC
The enclosed	Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Yasiel	Garcia	
	Division of Corporations  YAS MI M TANJESTMENTE 11/			
		/	Firm/Company	
		4925 EL	Norado Dr.	
			Address	
		Tange	FL 37615	
		, ,	City/State and Zip Code	
		VSRINVEST (1	to he used for future annual report notifi	cation)
For further in	formation c			
Yusiel	Gara	4	at ( <u>8/3)</u> 408-	1747
	Name of	î Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

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

YAGMLM INVESTME	NTS LLC	
(Name of the Limited Liability Compan- (A Florida Limited Lia		
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on 02/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
	TIONS LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	4925 EL Dorado	<u>Dr</u>
(Principal office address MUST BE A STREET ADDRESS)	Tunger, FL 33615	<del> </del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
		~
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>enter t</u>	he manne of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	2:2
	Taner i torida ar cel dadress	Tr.
	, Florida	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

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>	<u>Address</u>	Type of Action
	<del> </del>	<del> </del>	Add
			☐ Remove
		<del></del>	Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
		<del></del>	Ddd
			☐ Remove

\_\_\_\_\_ ☐ Change

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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If an eff Note:	ive date, if other than the date of filing:    10   22   19   (optional)
	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.
Dated	10/21/19 9:23AM.
	Signature of a member or authorized representative of a member
	Yasiel Garcia Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00