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COVER LETTER

	Registration S Division of Co				
eno ira		NSTRUCTION LLC			
SOBJEC		Name of Lim	ited Liability Company		
The encl	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all corresp	ondence concerning this matter	to the following:		
		JULIO CRESPO			
			Name of Person		
		YNY CONSTRUCTION I			
			Firm'Company		
		1401 EAST 4 AVE SUITE	E 203		
			Address		
		HIALEAH FL 33010			
			City/State and Zip Cod	ů.	
		ynyconstruction@yahoo.co			
			to be used for future annua	at report notific	ration)
For furth	ner information	concerning this matter, please ca	aH;		
JULIO (CRESPO		786 3		
	Name	of Person	Area Code	Daytime	Telephone Number
Enclosed	d 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 e		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divisi P.O. 1	ING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	Registr Divisio Clifton	ET/COURIE ation Section in of Corpora Building xecutive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YNY CONSTRUCTION LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our rec ted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa Florida document number L17000055038	any were filed on 03/08/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited l</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited L	hability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	SS 1 P
New Registered Office Address:	Enter Florida street add	<u>~</u>
	City	Zir gr ie
New Registered Agent's Signature, if changing Registered Age	ART:	

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
MGR	ANIER NUNEZ	11280 SW 196 ST #A314	
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			☐ Change
			☐ Remove
			Change
			□ Remove
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	41.		∩ Add
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