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COVER LETTER

Division of Cor	porations		
SUBJECT:	YR DUS	F SOLUTIONS LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOR	GE Y DAZA BERNAL MBR	
		Name of Person	
	YR	DUST SOLUTIONS LLC	
		Firm/Company	
	6202	WYNDHAM CREST BLV	
		Address	,
		SANFORD FL 32773	
		City/State and Zip Code	
		GNASILVA@YAHOO.COM	
		to be used for future annual report notific	ation)
For further information co	oncerning this matter, please c	all:	
ARIAGNA SILVA AL	VAREZ	407 745-8266 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.	
Liability Company were filed on	03/20/2017	and assigned
llowing:		
of the limited liability company h	ere:	
words "Limited Liability Company," the	designation "LLC" or the al	obreviation "L.L.C."
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ET ADDRESS)		
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d/or registered office address or	our records, enter	the name of the
office address here: EMMA R. RODRIGUEZ ARGU	ELLO	
office address here:		
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	Liability Company were filed on ollowing: of the limited liability company h words "Limited Liability Company," the olicable: EET ADDRESS) EBOX)	of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the ablicable: EET ADDRESS) EBOX)

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.

"食物品"。

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>	Address	Type of Action
MGR	JORGE Y DAZA BERNAL MBR	6202 WYNDHAM CREST BLVD	
		SANFORD FL 32773	≅ Remove
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Tective date, if other than an effective date is listed, the date	the date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in thi	s block does not meet the applicable statutory e Department of State's records.	filing requirements, this date will not be listed a
ounion beneative date on the	begannen of State 3 records.	
record specifies a dela	yed effective date, but not an effect	ive time, at 12:01 a.m. on the earlier o
The 90th day after the		
APRIL 20	2017	
ated		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00