

L17000172267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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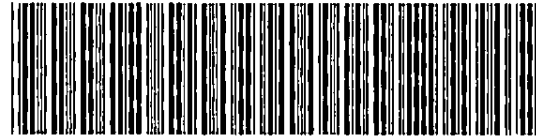
(Business Entity Name)

(Document Number)

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D. SCOTT
NOV 8 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YZER, 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:

Andrew Hoek

Name of Person

DeWitt Law Firm, PA

Firm/Company

607 W. Bay Street

Address

Tampa, Florida 33606

City/State and Zip Code

Phil3456890@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Hoek

813 251-2701

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

YZER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 14, 2017 and assigned
Florida document number L17000172267.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

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 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:

Enter Florida street address

City, 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>	<u>Type of Action</u>
AMBR	PDSS Holdings, LLC	301 W. Platt Street	<input type="checkbox"/> Add
		Tampa, Florida 33606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Zepol, LLC	8 The Green	<input type="checkbox"/> Add
		Suite A	<input checked="" type="checkbox"/> Remove
		Dover, DE 19901	<input type="checkbox"/> Change
AMBR	IBV Holdings, LLC	PO Box 47451	<input checked="" type="checkbox"/> Add
		Tampa, FL 33646	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Parcel Delivery Safe Secure, LLC	301 W. Platt Street	<input checked="" type="checkbox"/> Add
		Suite 428	<input type="checkbox"/> Remove
		Tampa, Florida 33606	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 30, 2017


Signature of a member or authorized representative of a member

Rick Lopez
Typed or printed name of signee