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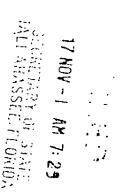
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COVER LETTER

Division of Corp	orations		
SUBJECT:	OVE TAL JACK Name of Limit	ESOMUITE, LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	QUE TAL 7595 BAYME JACKSOMI	Alvanez Gar Name of Person TACKS DAVILLE Firm/Company Address TILE, FI, 3225 City/State and Zip Code QUETAL TACKS DAV o be used for future annual report notification.	APT 207
For further information co	ncerning this matter, please ca		,
	-		SIN
Name of	Person	at (305) 277 - Area Code Daytime	Telephone Number
Enclosed is a check for the	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

YUE TAI JAC	KSDNIVILLE, CLC		
(Name of the Limited I (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	lity Company were filed on 08-16-20	2/ 7 a	and assigned
Florida document number L17000/75055	5		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		enter-the r	name of the ne
Name of New Registered Agent:		2658 2658	VO
New Registered Office Address:		7.75 7.75 7.75	4
	Enter Florida street address	75. 10.	7. "1
-	, Florid		Code
	City	27	≠ C Oae

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>	Address	Type of Action
AMBR	YADIRA GISSELA GOVILAR	7595 BAYMEADOWS CIE W	\
		APT 207 JACKSOMVIllE F	□ Remove
		32256	Change
AMBIL	VILLA SANCHEZ LEVINI	7595 BAYMEADOWS CIR W	5 Add
		APT 207 JACKSON VILLE FI	□ Remove
		32256	Change
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n effective date is te: If the date	listed, the date must be inserted in this block	specific and cannot does not meet th	: be prior to date o e applicable sta	of filing or more that tutory filing requ	in 90 days after fil iirements, this d	ing.) Pursu ate will no	ant to 60 of be lis)5,020° sted as
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Filing Fee: \$25.00