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COVER LETTER

TO:		istration Sect ision of Corpo						
eun ie	c er	YEAH MON	DEALS, LLC					
SUBJE	CI:		Name of Limit	ed Liability Company				
The enc	losed	Articles of A	mendment and fee(s) are subm	nitted for filing.				
Please re	eturn	all correspond	dence concerning this matter to	o the following:				
			Hyrum R. Estrada					
			-	Name of Person				
			YEAH MON DEALS, LLC					
Firm/Company								
			2637 E ATLANTIC BOUL	EVARD 1057				
			Address					
			POMPANO BEACH, FL 3	33062				
				City/State and Zip Code				
			hestrada84@gmail.com					
			E-mail address: (to	be used for future annual report no	tification)			
For furth	ner in	formation con	cerning this matter, please cal	l:				
Hyrum	R. E	strada		954 478-0599				
,		Name of P	erson	at () Area Code Dayti	me Telephone Number			
Enclosed	d is a	check for the	following amount:					
■ \$ 25.	00 Fi	ling 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: 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

YEAH MON DEALS, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited Liability Company lorida document number L18000007179	were filed on 01/08/2018	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	<u> </u>
nter new principal offices address, if applicable:		18 VIS
Principal office address MUST BE A STREET ADDRESS)		HAY
		2 of 2
		98.50 3 8.50 3 8.50
nter new mailing address, if applicable:		9 08 2 3 3 1 2 3 3 1 2 3 3 1 2 3 3 1 2 3 3 1 2 3 3 1 2 3 3 1 2 3 3 1 2 3 3 3 3
Aailing address MAY BE A POST OFFICE BOX)		5 000
. If amending the registered agent and/or registered or gistered agent and/or the new registered office address her		nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Par Phildren and	
	Enter Florida street address	
	, Florida	
	City	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>	Address	Type of Action
MGR	Hyrum R. Estrada	2637 E. Atlantic Blvd. 255-617 POMPUNO BEACH, FC. 33 1057	ZXQ2_■ Add
		# 1057	□ Remove
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ective date, if other than effective date is listed, the dat	n the date of filing) <u>.</u>	late of filing or more	thun 90 days after film	l) m) Purconnt to 4	ะกร ควก
te: If the date inserted in the	nis block does not m	eet the applicable	e statutory filing r	equirements, this date	te will not be li	isted as
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record specifies a del		ate, but not a	n effective tim	e, at 12:01 a.m	. on the ear	lier o
he 90th day after the	record is filed.					
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Page 3 of 3

Typed or printed name of signee

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