L18000012482

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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11/09/21--01010--013 **25.00



A. BUTLER NOV 2 2 2021

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: YOUR FINAN	ne of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
<u> </u>	Name of Person
	Firm/Company
14750	NW 77th at Suite 206
- MAY	City/State and Zip Code 2012 Lower Land Sip Code 3012 Lower Land Sip
For further information concerning this matter,	
Justo Villa la las	at (786) 306-9906 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate of S	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Your Financial	Blue Paint 2014 Lac 9 PM 1:22
(Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company	were filed on 61/16/2018 and assigned
Florida document number <u>1800013483</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14750 NW 774 ct
(Principal office address MUST BE A STREET ADDRESS)	Juite 206
	MIAMILAKES FL 33016
Enter new mailing address, if applicable:	14750 NW 77th ct
(Mailing address MAY BE A POST OFFICE BOX)	Suite 206
	MIAMI LAKES FL 33016
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	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 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	Ivetle SAnchez	20080 NW 8318 Ct	□Add
		Hialenh FL 33015	MRemove
			□Change
MGR Alborto Grom	Alborto Gromez	2081 Reinassence Dr	ISAdd
		706 taa	□Remove
		MITAMAY FL 33025	□Change
MGR Francis Mach	Francis Machado	3166 NW 66 st	🗗 🗖 Ādd
		MIAMI FL 33147	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
	-		□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effe <u>ote:</u>	ve date, if other than the date of filing:
ecord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ited .	November 4. 2021
	Signature of a member or authorized representative of a member