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COVER LETTER

TO: Registration Se Division of Cor			
	mology,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
	ondence concerning this matter	•	
	Alier Suarez		
		Name of Person	
	Yadah Technology.LLC		
		Firm/Company	
	12 Rainbush Pl		
		Address	
	Palm Coast,FI 32164		
		City/State and Zip Code	
	aliercub@gmail.com	to be used for future annual report not	(Cantion)
For further information c	oncerning this matter, please c		arcacon,
Briscida Soriano		754 3678284 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Tallahassee 5e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Yadah Technology,LLC

company has been notified in writing of this change.

gy.LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\frac{02/06/2018}{2}$ Florida document number 1.18000034048 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Yadah Technology Services,LLC 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 _. Florida _ City 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

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>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
			Remove
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effective date e: If the date	if other than the is listed, the date must conserted in this blootive date on the De	be specific an ock does not	id cannot be prio meet the appli	r to date of filing cable statutory	or more than 9) days after filir	ig.) Pursuant to 605.0
cord specifies s filed.	s a delayed effective	: date, but no	ot an effective t	ime, at 12:01 c	i.m. on the ea	dier of: (b)	The 90th day after t
February ed	.2nd		. 2022	······································			
	-	Signature of a	member or auth	norized represent	ative of a mem	her /V/	
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