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	(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations YUYI PROPERTIES LLC SUBJECT: 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: EUGENIO J SOL DOMINGUEZ Name of Person Firm/Company 13001 SW 63 CT Address Pinecrest, FL 33156 City/State and Zip Code ospesto@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eugenio J Sol Dominguez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 Sep 10 (111: 3)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUYI PROPERTIES LLC		
(Name of the Limited	l Liability Company as it now appears on our record Florida Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Lial		and assigned
Florida document number L18000064771		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC	"O" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		the name of the new register
Name of New Dorlands		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, FI	orida

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 agrée 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	ARLENE T SOL	7896 SW 188 ST	= Add
		Miami, FL 33157	□Remove
			□Change
			□Add
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locument's eff	ective date on the De	partment of Sta	ite's records.				
						(b) The 20th d	207
record specifi d is filed.	es a delayed effective	date, but not a	n effective time	, at 12:01 a.m.	on the earlier of:	(b) The 90th d	awafter the
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Pated	hm	Signature of a me	mber or authoriz	ed representative	of a member	٠ <u>٠٠</u> ٠) [[[]] [] 38

Filing Fee: \$25.00