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COVER LETTER

	egistration Sec ivision of Corp			
01151100		tions LLC remove MGR		
SUBJECT	:	Name of Limi	ted Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub	nitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Loren E. Beltran		
		_	Name of Person	
		Patriot Tax Solutions		
			Firm/Company	·
		433 Harrison Ave		
			Address	
		Panama City Florida 32401	ı	
			City/State and Zip Code	
		beltranmultiservices@gmail	.com to be used for future annual repor	• multimation)
				(nouncation)
For further	r information c	oncerning this matter, please co	ill:	
Loren E. I	Beltran		702 689 642	
	Name o	f Person	Area Code Da	nytime Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yuriko Solutions LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records. d Liability Company)	3)
The Articles of Organization for this Limited Liability Compar	ny were filed on 03/27/18	and assigned
Florida document number L18000077998		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ibility 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)		
		2
Enter new mailing address, if applicable:		ଫ ଅନ୍ତ ଜୁନ୍ନ
(Mailing address MAY BE A POST OFFICE BOX)		P. C. S. C.
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		₽ x
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	i
		orida
	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	Angelica Arias	302 Chelsea Drive	Add
		Panama City Beach Fl 32413	■ Remove
			Change
			□ Add
		<u></u>	Remove
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(If an effect <u>Note:</u> If	, if other than the date of filing:	uant to 605. not be liste	0207 (3)(b d as the
If the recor (b) The 9	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on t lay after the record is filed.	he earlie	r of:
Dated	2018 A		
	VICTOR MARTINEZ ABUILAR Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00