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COVER LETTER

TO:

Registration Section

Division of Corporations					
QUICK FA	ACT CHECK, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	societad for tilion			
		-			
Please return all correspo	ondence concerning this matter	to the following:			
	DAVID LOPEZ JR				
		Name of Person			
		Firm/Company			
	16021 WOODPINE DRIV	Æ			
		Address			
	TAMPA, FL 33618				
		City/State and Zip Code			
	EDMELROSELOPEZ@G				
	E-mail address: (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
DAVID LOPEZ JR		813 962-6177			
Name o	f Person	Area Code Daytii	ne Felephone Number		
Enclosed is a check for the	he 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	·s:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 632		The Centre of			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 DEC 10 Par Grade

QUCK FACT CHECK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/14/2018 and assigned Florida document number 1.18000119653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: YMDLAVA LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC". 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

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 firther 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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			①Add
			□Remove

Effective date, if other than the date of filing: (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 Marg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records. Peccord specifies a delayed effective date, but not an effective time, at 12301 a.m. on the earlier of: (b). The 90th day after the d is filed. DECEMBER 8. 2021 Legispade of a member or anthorized representative of a member. ELIZABETH D MELROSE-LOPEZ			_
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ELIZABETH DAMUROSE LOPEZ		Signature of a member or authorized representative of a member	
	,	LINARIA DOSCE LODEZ	

Filing Fee: \$25.00