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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	YSOS HOLI	DINGS LLC		
SUBJECT		Name of Limit	ed Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please retur	n all correspon	dence concerning this matter to	o the following:	
		ODED SHAININ		
			Name of Person	
		YSOS HOLDINGS LLC		
			Firm/Company	
		8148 S SAVANNAH CIRC	CLE	
			Address	····
		DAVIE FL 33328		
			City/State and Zip Code	
		oshainin@gmail.com		
		E-mail address: (to	be used for future annual report notificat	ion)
For further i	information co	ncerning this matter, please cal	l;	
Od	ed		at (816)719 (7989
	Name of	Person	Area Code Daytime Te	lephone Number
Enclosed is	a check for the	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 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YSOS HOLDINGS LLC				
(Name of the Limited Lia (A Flo	hility Company as it now appear rida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liabilit	_ and assigned			
Florida document number L18000168832				
This amendment is submitted to amend the following	;;			
A. If amending name, enter the new name of the l	imited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the words "	Limited Liability Company," the de	esignation "LLC" or the abbre	viation "L.L.(· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			_ <u>~~</u> _
			<u> </u>	
			- 9	유지
Enter new mailing address, if applicable:				325
(Mailing address MAY BE A POST OFFICE BOX)			3 ₹	S. J.
			w	%
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter the	e name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	ida street address		
<u> </u>		, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	YUVAL SHENHAR	690 SW LCT UNIT: 2712	■ Add
		Miami, FL 33130	□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
		<u> </u>	Add
			Remove
			☐ Change
			
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	ist be specific and cannot be prior to date of filing or more lock does not meet the applicable statutory filing r		
iment's effective date on the E	Department of State's records.		
	d effective date, but not an effective tim	ne, at 12:01 a.m. on the ea	arlier
e 90th day after the rec	ora is filea.		
August 5	2018		
d August 5			
	and all the	<	
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	Signature of a member or authorized representative of	a member	

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Filing Fee: \$25.00