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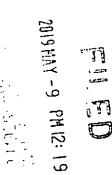
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C. GOLDEN MAY 22 2019

COVER LETTER

Division of	of Corporations
YSO SUBJECT:	S HOLDINGS LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	ODED SHAININ
	Name of Person
	Firm/Company
	8148 S SAVANNAH CIR
	Address
	DAVIE FL 33328
	City/State and Zip Code OSHAININ@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
ODED SHAININ	Name of Person Area Code Daytime Telephone Number
1	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
\$25.00 Filing !	Fee Solutional copy is enclosed) \$30.00 Filing Fee & Solutional Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

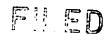
MAILING ADDRESS:
Registration Section
Division of Corporations P.O. Box 6327—2 Tallahassee, FL 32314

TO:

Registration Section

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

2019 MAY -9 PH 12: 1

(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 07/12/2018 and assigned
Florida document number L18000168832
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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 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.
j

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>	Nume	Address	Type of Action
MGR	UNIQUE FLORIDA LLC	8148 S SAVANNAH CIR DAVIE FL 33328	Add
			□ Remove
			☐ Change
AMBR	YMEN HOLDING LLC	690 SW 1 CT UNIT 2712 MIAMI FL 33130	
			□ Remove
	ODED SHAININ		Change
MGR	ODED SHARNIN		□ Adđ
		REMOVE	■ Remove
41400	YUVAL SHENHAR		
AMBR		DEMONIE	Add
		REMOVE	Remove
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ffective date, if other than the dian effective date is listed, the date must be store. If the date inserted in this blocklocument's effective date on the Dep	to specific and car ik does not mee	t the applicab	date of filing or mole statutory filing	re than 90 days aft	tional) er filing.) Pursuant nis date will not i	t to 605.02 be listed
e record specifies a delayed The 90th day after the reco	effective date d is filed.	e, but not a	an effective ti	me, at 12:01	a.m. on the	earlier
ated April 24		29				
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Page 3 of 3

Filing Fee: \$25.00