118000201149

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAiL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



500318814725

10/01/18--01026--002 **25.00



M. MILLIGAN OCT 22 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1S+A Enter OriSes UC 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:
Yama Servano Name of Person
YS+A Enterprises UC. Firm/Company
2620 Willie LN
DOVEN A 33527 City/State and Zip Code
USachter DVise & Yarva (OV) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (913) 468-3100 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Compared to the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Status Status Solution Status
STREET/COURIER ADDRESS:

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

OF

VSdA Enbronis	oc UC
Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
·	1 ~~ 2/18.
The Articles of Organization for this Limited Liability Company	were filed on Processing
Florida document number L 1800201149	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lial	oility 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)	
maning unaress meet	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new ere:
New Registered Office Address:	Enter Florida street address
	, FloridaZip Code
-	City
New Registered Agent's Signature, if changing Registered Age	ent:
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ngree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
1f	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
HGR	Yaima Serrano	2620 Willie LN Dover Fi 33527	X Add
		——————————————————————————————————————	Remove
			Change
			DbA 🗆
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			🗆 Change
			🗆 Add
			□ Remove
			□ Change
			Add
			□ Remove
			Change

	_				
		- -			
					
			-		
-					
· · · · · · · · · · · · · · · · · · ·					
	· · · <u>- ·</u>				
_					
ostiva data ifathan	than the date of filing			(ontional)	
effective date is listed, the	than the date of filing he date must be specific and	5 cannot be prior to date	of filing or more than	90 days after filing.)	Pursuant to 605.020
	I in this block does not m e on the Department of S		tatutory filing requir	ements, this date w	/ill not be listed a
	·				
record specifies a	delayed effective d	late, but not an	effective time, a	it 12:01 a.m. o	n the earlier (
	the record is filed.	•	-		
		2 = 10			
ed Septim	16ex 25.	2018.			
	$2 h \sim$. 63
	Signature of a n	nember or authorized	representative of a mer	mber	201
\	1				
	1	Typed or printed nam	_		

Page 3 of 3

Filing Fee: \$25.00