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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: Yad	ira Torres Name of Lin	LLC nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Yadira T	orres	
		Name of Person	
		Firm/Company  36 th St. Apt  Address	92 <u>0</u>
	Miami, F	L 33137	
	•	City/State and Zip Code	<del> </del>
	E-mail address: (	(to be used for future annual report notifi	cation)
For further information con	cerning this matter, please c	all:	
Yadira To Name of P	rerson	at ( <u>PSY</u> ) <u>640 - 2</u> Area Code Daytime	8634 Telephone 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** 

Yadira Torres L	LLC
	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L180002134</u>	inpany were filed on $\frac{9/7/2618}{21}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	the state of the s
(Principal office address MUST BE A STREET ADDRES	
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Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the ne
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.

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 = M $ AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	Yadira lorres	600 NE 36th St Apt Miami, FL 33137	GAdd
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	Signature of	f a member or authoriz	ed representative of a n	nember	
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Page 3 of 3

Filing Fee: \$25.00