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## **COVER LETTER**

TO: Registration So Division of Cou			
SUBJECT:	YD Coach	N.g. L.L.C. ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jon-Pa	Ul Pertierra Name of Person	
		Firm/Company	<del></del>
	15920	SW &3 ave	
	E-mail address:	City/State and Zip Code  OCHIETA 880 9  to be used for future annual report north	mai.com
For further information of	oncerning this matter, please ca	all:	
Jon-1	aul lertierro	at ( <u>305</u> ) <u>609-</u> Area Code Daytime	5126
Name (	r reison	Area Code Daytime	Helephone Number
Enclosed is a check for t	-		
\$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

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)		
he Articles of Organization for this Limited Liability Company were filed on 9/13/18 and assigned orida document numberL_18000218442				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	`	<del></del>	
Enter new principal offices address, if applicable:		S	SEC-	
(Principal office address MUST BE A STREET ADDRESS)		EP 2	물건 유 <u>됐고</u>	
Enter new mailing address, if applicable:	<del></del>		<u>231</u> 792 51	
(Mailing address MAY BE A POST OFFICE BOX)		ယ		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, <u>enter the name of</u>	the ne	
Name of New Registered Agent:				
New Registered Office Address:	Emer Florida stre	et address		
<del>-</del>	<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, 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
MBR	Jon Paul Pertierra	16920 SW 83 ave	🗑 Add
		MidiFL 33157	🗆 Remove
			Change
MRG	Jon-Paul Perfictra	159 20 SW 83 ave	
		Michai FL 33157	🗏 Remove
			Change
MGR	Jon Paul Perfierra	15920 su 83ac	
		Miani FC 33157	Remove
	_		Change
AMBR	Jon-Paul Portierra	15920 SU 8B ave	□ Add
		Mian: FL 3357	_ ■ Remove
		<del></del>	🗆 Change
MRG	Jon-Paul Pertierra	15920 SW 83 We	□ Add
		Miari FZ 33157	■ Remove
			□ Change
MRG	Jon-Paul Pertierra	15920 Sw 23 ave	_□ Add
		Miari FL 33157	_ <b>⊞</b> Remove
			_□ Change

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ective date, if other th	an the date of filing:	(optional)	
effective date is listed, the e: If the date inserted in	date must be specific and cannot be prior to date of tiling or more than this block does not meet the applicable statutory filing require the Department of State's records.	90 days after filing.) Pursuant to 605.	.020 rd a:
record specifies a d he 90th day after t		it 12:01 a.m. on the earlie	er o
ed Septer	ber 9.2018.		
,			
	Signature of a member or authorized representative of a mer	nber	
	_ <		
	Jon-Paul Rections Typed or printed name of signer		

Page 3 of 3

Filing Fee: \$25.00