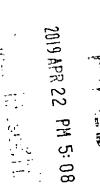
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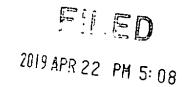
TO:	Registration So Division of Co								
411111 FF		& Title, PLLC							
SUBJECT: Name of Limited Liability Company									
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please	return all correspo	ondence concerning this matter	to the following:						
		* & Tide, PELC							
		YCM Law & Title, PLLC							
		110 SE 6th St. Ste 1700	Firm/Company						
		Fort Lauderdale, FL 33301							
		mcook@yemlegal.com	City/State and Zip Code						
		E-mail address; (to be used for future annual report notif	ication)					
For fur	ther information c	oncerning this matter, please ca	all:						
Michae	el Cook								
	Name o	f Person	Area Code Daytime	Telephone Number					
Enclose	ed is a check for th	ne following amount:							
■ \$25	5.00 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



YCM Law & Title, PLLC	
Name of the Limited I	Jability Company as it now appears on our records.) Jorda Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number $\frac{L18000219125}{}$	lity Company were filed on and assigned
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of th	e limited liability company here:
YCM Law, PLLC	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	X)
· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter the name of the new</u> <u>address here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
registered office reduces.	Enter Florida street address
	Florida
_	City Zin 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		
			Add		
			Remove		
		·	☐ Change		
			☐ Remove		
			Change		
					
			Remove		
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Note: If the date inserted	than the date of filin he date must be specific an I in this block does not it e on the Department of !	meet the applicable sta	of filing or more than 90 c autory filing requireme	_ (optional) ays after tiling.) Pursuant to mts, this date will not be	605.0207 listed as t
document's effective dat			ffective time at 1	2:01 a.m. on the ea	rlier of:
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ie record specifies a	delayed effective of the record is filed.	date, but not an e $ \begin{array}{c} 2019 \\ 0 \end{array} $	nective time, at 1		
ne record specifies a The 90th day after April 18th	the record is filed.	•			

Page 3 of 3

Filing Fee: \$25.00