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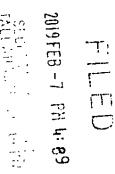
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COVER LETTER

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TO:	Registration, Se Division of Cor		-	
	PANAMA I			•
SUBJE	CT:	Name of Limi	ted Liability Company	
		MARSHA SIHA		
	Name of Person INCFILE.COM LL.C Firm/Company 17350 STATE HWY 249 SUITE 220 Address HOUSTON TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call:			
		INCFILE.COM LLC		
			Finn/Company	
		17350 STATE HWY 249 S	SUITE 220	
			Address	
		HOUSTON TX 77064		
			M	
Name of Person INCFILE.COM LLC Finm/Company 17350 STATE HWY 249 SUITE 220 Address HOUSTON TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARSHA SIHA 855 829-9090 at (cation)			
For fur	ther information c	oncerning this matter, please co	all:	
MARS	SHA SIHA			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
□ \$2:	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
		ING ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ·	Y GROUP L.L.C	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 11/08/2018	and assigned
Florida document number L18000262325		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LEC" or the	abbreviation "b.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- 'W [
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		9
		77
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address, Florida	Zip Code

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
MGR	MARCO A GARCIA	244 W. BEVERLY BLVD	
		MONTEBELLO, CA 91755	■ Remove
			☐ Change
			Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			☐ Change
			П Rеточе
			☐ Change
			Add
			C Remove
			□ Change

Effective date, if other than the date of filing: [optional] (aptional) (fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
Effective date, if other than the date of filing:	
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e record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlied. The 90th day after the record is filed.	er of:
Pated JANUARY 25 2019	
Frank C Pollara Signature of a member or authorized representative of a member	
signature of a member of authorized representative of a member	
FRANK C POLLARA - AMBR	

Page 3 of 3

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