L19000011636

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COVER LETTER

TO:	Registration Sec Division of Corp		:			
SUBJE	YAM786,	LLC				
SUBJE		Name of Limi	ted Liability Company			
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspon	ndence concerning this matter (to the following:			
		Prabodh C. Patel, Esquire				
		Straus & Patel, P.A.	Name of Person			
		118 West Orange Street	Finn/Company			
		Altamonte Springs, FL 327	Address			
		•	City/State and Zip Code			
			to be used for future annual report notification	on)		2019
	ther information co lh C. Patel, Esquire	oncerning this matter, please co	407 331-5505			JAN 29
<u> </u>	Name of			phone Number	100 1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PH 3: 1
	ed is a check for th	e following amount: □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status opy	

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

YAM786, LLC			
(Name of the Limi	ted Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L19000011636</u>	Liability Compar	ny were filed on January 9, 2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			
			1
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	EBOX)		
B. If amending the registered agent and registered agent and/or the new registered of			the name of the
			2019
Name of New Registered Agent:	N/A		
New Registered Office Address:			JAN 2
		Enter Florida street address	
		, Florida	
N D 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	13	City	·
 -			· ()
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaction as registery the obligations of my position as registery being filed to merely reflect a change in the company has been notified in writing of this	ed agent and ag per and comple gistered agent a gregistered offic	gree to act in this capacity. I further ag te performance of my duties, and I am j s provided for in Chapter 605, F.S. Or,	familiar with and if this document

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 Type of Action Address Name. Title 1 AMBR FATIMA M. SULTANA 14184 Orchid Tree Place □ Add Orlando, FL 32828 ■ Remove _□ Change □ Add ☐ Remove □ Change □ Add □ Remove □ Change □ Add □ R**ém**ove ≟⊡ Chahge **هِه** 🖺 🚉 ☐ Remove ☐ Change □ Add ☐ Remove

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cord specifies a delayed ef e 90th day after the record	fective date, but is filed.	not an effective	e time, at 12:01 a	.m. on the earlier
January 22,	. 2019	·		
Kan Ni	nature of a member or a			

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Filing Fee: \$25.00