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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
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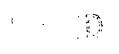
COVER LETTER

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	gistration Se ision of Cor		1	
CUDIFCT.	YUMA INTERNATIONAL LLC			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JORGE SCHNEIDER	:	
		-	Name of Person	
		JFS CONSULTING SERV	/ICES LLC >	
			Firm/Company	
		20341 NE 30 TH AVE - S	UITE 105	
			Address	
		AVENTURA, FL. 33180		
			City/State and Zip Code	
		jschneider@jfsconsultingsv	es.com to be used for future annual report no	titication)
For further i	nformation c	oncerning this matter, please ca		(mean)
		oncerning this matter, preuse et	786 553-6061	
JORGE SCHNEIDER Name of Person		at (i) Daytime Telephone Number		
	(Minic O	i i cison	Alea Code Dayin	ne receptione reminer
Enclosed is	a check for th	ne following amount:		
■ \$25.00 f	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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/COUR Registration Section Division of Corport Clifton Building 2661 Executive Country Tallahassee, FL 3	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2019 ACC 29 PM 4: 39

pany as it now appears on our rec I Liability Company)	cords.)
y were filed on 02/14/2019	and assigned
bility company here:	
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oility Company," the designation "I	LLC" or the abbreviation "L.L.C."
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office address on our reco re:	rds, enter the name of the
	
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Enter Florida street ada	dress
	Florida
	bility company here: 1

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>	<u>Address</u>	Type of Action
MGRM	NANDI YULIED RESTREPO CORTES	20341 NE 30 TH AVE - STE 105 AVENTURA, FL. 33180	
		- 	Remove
			Change
			□ Add
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			D Add
			Remove
			□ Change

 If amending any other information, enter change(s) here: 	(Attach additional sheets, if necessary.)
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Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)
the record specifies a delayed effective date, but not by The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of:
Dated	
Menerde	
Signature of a member or authori	zed representative of a member
JORĞE SCHNEIDER Typed or printed	name of signee
•••	·

Page 3 of 3 Filing Fee: \$25.00