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C. GOLDEN MAY 1 7 2019

### COVER LETTER

TO:	Registration Se Division of Cor		•		
		V,V, Y & K, LLC			
SUBJ	ECT:	Name of Lim	ited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			YARITZA MARRERO		
			Name of Person		
			Firm/Company		
		60	6 CONURE STREET		
			Address		
		AF	POPKA, FLORIDA 32712		
	City/State and Zip Code MARREROYARA620@GMAIL.COM				
		E-mail address: (	to be used for future annual report notif	leation)	
For fu	rther information c	oncerning this matter, please c	all:		
ER	LYN M DEPENA		407 346-7328 at ()		
	Name o	d' Person	Area Code Daytimo	Telephone Number	
Enclos	sed is a check for the	he following amount:			
<b>■</b> \$2	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)	

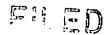
MAILING ADDRESS:

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



, ,	Y & K, LLC		2019 MAY -		AM 11: 50
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.)	E017 (191)	O	#U 11 · 20
The Articles of Organization for this Limited I Florida document number <u>L19000058482</u>	Liability Company were filed o	on FEBRUARY 28, 20	and assigned		
This amendment is submitted to amend the fol	lowing.				
A. If amending name, enter the new name,	of the limited liability compa	ny here:			
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE					
THUMBE BURESS HAT BE AT OST OFFICE					
B. If amending the registered agent and registered agent and/or the new registered of	**	ss on our records, <u>ent</u>	er the name of the n	<u>ew</u>	
Name of New Registered Agent:	YARITZA MARRERO				
New Registered Office Address:	609 CONURE STREET				
Com stagements of the trades.	Ente	er Florida street address			
	APOPKA	, Florida	32712		
	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.

Page I of 3

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>	Name .	Address	Type of Action
P	VICTOR MARRERO	609 CONURE STREET APOPKA, FLORIDA 32712	
			■ Remove
			☐ Change
P	YARITZA MARRERO	609 CONSURE STREET APOPKA, FLORIDA 32712	<b>=</b> Add
			□ Петюче
			Change
			Remove
			☐ Change
			D Add
			Remove
			Change
			□ Add
			□ Веточе
			□ Change
			D Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) VICAMENDING AS WE ARE CHANGING THE PRESIDENT VERONICO MARRERO TO YARITZA MARRERO.
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated APRIL 11 , 2019
Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member  Veronico Marrero

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Filing Fee: \$25.00