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JUN 2 6 2019 S. YOUNG

COVER LETTER

TO:		stration Section of Corp			
SUBJEC	CT.	Vetbuy LL(-		
SUBJEC	ν1: <u> </u>		Name of Lim	ited Liability Company	
The encl	osed ,	Articles of z	Amendment and fec(s) are sub	omitted for filing.	
Please re	eturn a	ll correspoi	ndence concerning this matter	to the following:	
			Yovanka Castellanos		
			YCCTAX LLC	Name of Person	
			11251 NW 20th St Ste 110	Firm/Company	
			Miami, FL 33172	Address	
			info@ycctax.com	City/State and Zip Code	
For furth	ier inf	ormation co	E-mail address: (ncerning this matter, please ca	to be used for future annual report no all:	tification)
Yovanka	a Cast	ellanos		305 456-7239	
		Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed	l is a c	heck for the	e following amount:		
S \$25.0	00 Fil	ing 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

Wetbuy LLC			
(Name of the Limi	ted Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>ls.</u>)
the Articles of Organization for this Limited L lorida document number L19000100639	iability Compar	ny were filed on 04/11/2019	and assigned
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited lia	ability company here:	
!/A			
he new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
inter new mailing address, if applicable:		N/A	SATE P
Mailing address MAY BE A POST OFFICE	BOX)		E- 6
			3. 5
. If amending the registered agent and/egistered agent and/or the new registered of	or registered Tice address he	office address on our records <u>re</u> :	s, enter the name of the
Name of New Registered Agent:	N/A —		
New Registered Office Address:	N/A		
		Enter Florida street address	y.
			orida
		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.

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>	Name	<u>Address</u>	Type of Action
AMBR	Jorge C Castro	LOMA DE LA CANADA 60 INTERIOR C-2 COLONIA	
		COLONIA LOMA DORADA, QT 76060 MX	Remove
			■ Change
			
			Remove
			Change
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		_			
Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	t be specific and cannot bock does not meet th	e applicable sta	of filing or more tha atutory filing requ	(optional) n 90 days after filing.) I irements, this date w	Pursuant to 605.0207 (fill not be listed as t
he record specifies a delayed	effective date, ord is filed.	but not an e	ffective time,	at 12:01 a.m. o	n the earlier of:
The 90th day after the reco					
The 90th day after the reco	201	9			
The 90th day after the reco	. 201	9 	,		
Dated	Signature of a member	for the second			

Page 3 of 3

Filing Fee: \$25.00