## Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000178558 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : 120000000205 : (305)416-6800 Fax Number : (305)416-6811

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YP 2208, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000178558 3)))

YP 2208, LLC	annual it name annouse on our records	1			
(Name of the Limited Limited Cond (A Florida Limited	pany as it now appears on our records I Liability Company)	ı)			
The Articles of Organization for this Limited Liability Compare Florida document number L19000163878	y were filed on <u>6/21/2019</u>		and a	ssignc	d
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lis	ibility company nere:				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abb	oreviation "	L,L.C.	<del>,</del>
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			_		_
- we see the state of the state					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the nam	e of the n	iew re	gistered
			=:	22 H	
Name of New Registered Agent:			<u> </u>	<u>~</u>	
New Registered Office Address:	Enter Florida street addres	<del>.</del>	<u></u>	9	二
	-			<b>≅</b>	
	City , FR	orida	Zip Coc	ريا <del>كان</del>	`
New Registered Agent's Signature, if changing Registered Age	n <u>t:</u>			_	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change.	ete performance of my duties, at is provided for in Chapter 605,	id Lam J F.S. Or,	amutar v if this do	viin a cume	na
īrc	hanging Registered Agent, Signature of	of New Reg	gistered Ap	<u>tent</u>	- <b>-</b>

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

of temoved from our records.	
MGR = Manager	(((H22000178558 3)))
AMBR = Authorized Member	

<u>Title</u>	Name	Address	Type of Action
MGR	David Pederzini Ramirez	1000 Brickell Avenue, Sutie 300	<b>=</b> Add
		Miami, FL 33131	□Remove
			Change
			□ Add
			🗀 Remove
			Change
			□Add
			[]Remove
			☐Change
			DAdd
			□Remove
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<u>-</u>			□Add
			Remove
			[IChange
			□Add
			Remove

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Dated		Any 10	•	1022			
4V/0V4	Dated _	nay 19	, <u> </u>	TAA!			
Signature of a member or authorized representative of a member			•	I Let			

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Typed or printed name of signee