Florida Department of State Division of Corporations Electronic Filling Cover Shoot

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.

(((H22000178596 3)))



H220001785963AEC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205 Phone : (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.

Email Address: 1050 agi - va.

OC:1 22 61 NY 8

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

YP 2110, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2MAY 19 AH 8: 50

APPROVED ARD FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. (((H22000178596 3)))

YP 2110, LLC	cany as it now support on our records.)	
(A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L19000163894	y were filed on <u>6/21/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the nan	ne of the new registere
		9 11
New Registered Office Address:	Enter Florido street address	
	, Florida	œ
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and agenovisions 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 office company has been notified in writing of this change.	te performance of my duties, and I am s provided for in Chapter 605, F.S. Or,	familiar with and , if this document is
TOOL	langing Registered Agent, Signature of New Re	egistered 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

(((H22000178596 3)))

<u>I'ltle</u>	Name	Address	Type of Action
MGR	David Pederzini Ramirez	1000 Brickell Avenue, Suite 300	■Add
		Miami, FL 33131	□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			ПСhaпge
			□Remove
			□Change

(((H22000178596 3)))

_		
_		
_		
_		
_		
-		
_		
-		
-		
_		
_		
Note:	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	0207 (3)(b) d as the
record d is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
Saturi	May 19 , 2022	
Janu.	The left.	
	Signature of a member of authorized representative of a member	
	g.	

Filing Fee: \$25.00