# 119000210093

(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:

Office Use Only



500339555065

01/29/30--01013--005 \*\*25.00

# **COVER LETTER**

	Registration Se Division of Cor		
CUD INC	YASH CO	NSULTING SERVICES, LLC	
SUBJEC	1:	Name of Lim	ited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please ret	urn all correspo	ndence concerning this matter	to the following:
		Matthew Dockery	
			Name of Person
			Firm/Company
		2618 COVE CAY DRIVE	Unit 106
			Address
		CLEARWATER, FL 3376	90 
			City/State and Zip Code
		mattdockeryyash@outlook.	to be used for future annual report notification)
For furthe	er information c	oncerning this matter, please ca	
Matthew	Dockery		863 738-8122 at ( )
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	is a check for th	ne following amount:	
<b>■</b> \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Section
	Division of C	=	Division of Corporations The Centre of Tallahassee
	P.O. Box 632 Fallahassee, I		2415 N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YASH CONSULTING SERVICES, LLC		(nesords) 25 Att 9.28
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our da Linuted Liability Company)	records.)
the Articles of Organization for this Limited Liability	Company were filed on08/16/201	9 and assigned
lorida document number 1.19000210093		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<del></del>	
Principal office address MUST BE A STREET ADD	ORESS)	
nter new mailing address, if applicable:	<del></del>	
dailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or register gent and/or the new registered office address here		enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida
	City	Zio 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	Address	Type of Action
AMBR	Matthew Dockery	2618 COVE CAY DRIVE Unit 106	■Add
		CLEARWATER, FL 33760C	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

## Page 2 of 3

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
(If an e <u>Note</u>	tive date, if other than the date of filing:    1-24-2020   (optional)
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1-24-2020
	Signature of a member or authorized representative of a member  Matthew Pocker y

Page 3 of 3

Filing Fee: \$25.00