119000219102

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COVER LETTER

O: Registration Section Division of Corporations
UBJECT: Yaad Investment Group, LLC Name of Limited Liability Company
the enclosed Articles of Amendment and fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the following:
Hlyssa Unyia Name of Person
Yaad Invistment Group, LLC
400 SW 1St Ave, Apt 1707
Ft Lawerdale, FL 33301 City/State and Zip Code
E-mil address: (to be used for future annual report notification)
for further information concerning this matter, please call:
Alyssa Onuia at (262) 442-7719 Name offerson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yaad Invistment Group, (Name of the Limited Lidbility (A Florida	y Company as it now appears of Limited Liability Company)	our records,)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L.19000219102</u>	ompany were filed on <u>Aug</u> 	9054 27, 2019 and assigned	
This amendment is submitted to amend the following:			
amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." r new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS cipal office address MUST BE A STREET ADDRESS cipal office address MAY BE A POST OFFICE BOX cipal office address MAY BE A POST OFFICE BOX cipal office address on our records, enter the name of the new			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the desig	nation "LLC" or the abbreviation "L.1C."	_
Enter new principal offices address, if applicable:			<u></u>
(Principal office address MUST BE A STREET ADDRI	ESS)		
			_
Enter new mailing address, if applicable:		<u> </u>	_
(Mailing address MAY BE A POST OFFICE BOX)		- 38	
	4	27	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:			
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on ou ess here:	ir records, enter the name of the	new
N. S.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	street address	
	/ 1/2	, Florida Zip Code	
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Emmanuel Onyia	400 SW 1st Ave, Apt 1707 Ft Lauderdale, FL 33301	D Add
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than open. If the date inserted in this block does not meet the applicable statutory filing require occument's effective date on the Department of State's records.	(optional) 90 days after filing ements, this date	g.) Purst	uant to 6 oot be 1	505.02 isted
e record specifies a delayed effective date, but not an effective time, at The 90th day after the record is filed.		on th	ne ear	lier
ned <u>September 14</u> 2019				
Signature of a member of authorized representative of a men	uber			

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Filing Fee: \$25.00