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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773 Fax Number : (815)301-2897

. **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 YNA INVESTMENTS LLC

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Electronic Filing Menu Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YNA INVESTMENTS LLC			cords.) 2813 001 15	
(Name of the Lim	(A Florida Limited	ny as it now appears on our re Liability Company)	10(02) 19:10 OC 1 18	
The Articles of Organization for this Limited I Florida document number 1.19000243960		were filed on <u>09/27/2019</u>		
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
YPA INVESTMENTS LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.	
Enter new principal offices address, if appli	cable:	976 ARTHUR GODFREY	ROAD	
(Principal office address MUST BE A STRE		MIAMI BEACH, FL 33140		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>: BOX)</u>	976 ARTHUR GODFREY MIAMI BEACH, FL 3314		
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered o office address her	ffice address on our rec e:	ords, <u>enter the name of</u>	
Name of New Registered Agent:				
New Registered Office Address:	976 ARTHUR GODFREY ROAD			
1100	Enter Florida street address			
	міамі веас	'H	, Florida <u>33140</u>	
		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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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 bei or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
	SIMON ALON	976 ARTHUR GODFREY ROAD	
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		MIAMI BEACH, FL 33140	
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