## 119000290166

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
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Y. SCOTT DEC 1 1 2021

TO: Registration Se Division of Cor						
YBR IMPC	ORTS ELC	,				
SUBJECT:	Name of Litr	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
•	ondence concerning this matter					
	YURI ATAIDE BOTREL		( ) ( )	202		
		Name of Person		- NO		
	YBR IMPORTS LLC		,; ,;	NOV 24 PH		
	<del></del>	Firm/Company		<u> </u>		
	10490 SW 12TH TERRAG	CE #204	변상 교통:	2021 NOV 24 PH 2: 1		
	***************************************	Address		2		
	MIAMI, FL 33174					
		City/State and Zip Code				
	yuribotrel@yahoo.com					
For further information a	E-mail address: oncerning this matter, please c	to be used for future annual report no	tification)			
YURI ATAIDE BOTREL		786 860-7096 at ()	me Telephone Number	-		
Name o	f Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy	ertificate of Status &		
Mailing Addres Registration S		Street Address: Registration So	ection			
Division of C	Corporations	Division of Co	rporations			
P.O. Box 632 Tallahassec, l		The Centre of 2415 N. Monro	Tallahassee oc Street, Suite 810			

Tallahassee, FL 32303

YOB

VER IMPORTS LLC

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Flore	lity Company as it now appe da Limited Liability Company	pears on our records.) ny)		
The Articles of Organization for this Limited Liability (Florida document number L19000290166	Company were filed on	11/22/2019 and assi	gned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited <u>li</u> ability company	y here:		
TW FIBER AND CABLE LLC				
The new name must be distinguishable and contain the words "Lin	mited Liability Company." the	he designation "LLC" or the abbreviation "L.I	C."	
Enter new principal offices address, if applicable:	5700 SW 2nd	d Terrace #10	7	
(Principal office address MUST BE A STREET ADD	RESS) Miami, FL 33		46 Fo	
			7	
Enter new mailing address, if applicable:	5700 SW 2nd	d Terrace #10	; ;	
Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33	3144		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:		ir records, enter the name of the new	regis	
Name of New Registered Agent: JOSE	JOSE LUIS CESPEDES MARTINEZ			
New Registered Office Address: 905	BRICKELL BAY DR 162	28		
	Enter F	Florida street address		
MIAI	MI	, Florida <sup>33131</sup>	_	
<del></del>	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

YOB

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LAIZA SOCORRO BOTREL	10490 SW 12TH TERRACE #204, MIAMI, FL 3317	4 _ □ Add
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ective date, if other than	the date of filing: _	1/18/2021		(option:	al)	
effective date is listed, the date te: If the date inserted in th	must be specific and can	not be prior to date o the applicable stat	f filing or more than 90 actory filing require	) days after fili nents, this da	ng.) Purs ste will	uant to 605.020 not be listed a
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cord specifies a delayed effe	ective date that not an	effective time, at I	?:01 a.m. on the ear	lier of: (b)	The 90t	h dav after th
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