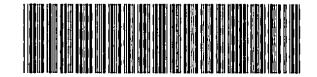
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COVER LETTER

Division of Corporations				
SUBJECT: MF	3 doi: tics	5 11C Liability Company	·	
	Nation Difference	oning company		
The enclosed Articles of Amendme	nt and fee(s) are submit	tted for filing.		
Please return all correspondence co	ncerning this matter to	the following:		
F	lores yusa	ner Bermadez Name of Person	Playa	
	YMB logi	STICS 11C Firm/Company	 	5)
1601	u Delia EA.	Address		22 DEC -8
מגעו	numa FL	33578 City/State and Zip Code	 	P သ
	Ymblogies E-mail address to b	hics 13 6 granil	.Com notification)	47
For further information concerning	this matter, please call:			
Flores Y Bermond	or Maya	at (<u>813) </u>	-8735 Lytime Telephone Number	
Enclosed is a check for the following	g amount:			
	00 Filing Fee & tificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
Mailing Address: Registration Section		Street Addres Registration		
Division of Corporation P.O. Box 6327	ens	Division of	Corporations of Tallahassee	
r.o. dox obzi		THE CEILLE	UL LAHAHASSEE	

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



November 21, 2022

FLORES YUSNIER BERMUDEZ MOYA 16711 DELIA ST WIMAUMA, FL 33598

SUBJECT: YMB LOGISTICS LLC Ref. Number: L20000012412

DEC 0 8 2022

We have received your document for YMB LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING FIRST PAGE OF FORM. PLEASE FILL OUT AND SEND BACK ALL PAGES.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 222A00025934

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		•	
SUBJECT:	yyB Name of L	logistics LLC		

The enclosed Articles of	Amendment and fee(s) are s	submitted for filing.	,	
Please return all correspo	ondence concerning this matt	ter to the following:	, 1 <u>,</u>	
	· Flores Y	Soner Bernudez Name of Person	Lloya_	
	- YMB	Losistics LLC Firm/Company	_ 	22
	_16711_De	Address		22 DEC -8 PM 3: 47
	Wimav	City/State and Zip Code	3 .	PH 3: 47
	E-mail address	s: (to be used for future annual report noti		7 8
	oncerning this matter, please			
Flores Y Bo Name o	Prince Voya	at (813) 599-E Area Code Daytim	37.39 e Telephone Number	
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is encl	
Mailing Addres Registration S Division of C	Section Corporations	<u>Street Address:</u> Registration Se Division of Con		
P.O. Box 632 Tallahassee, l	27	The Centre of T	allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Emitted Flashing Company as it now appear (A Florida Limited Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Company were filed on	Janan 6.	2020and assigned		
Florida document number <u>L2000012412</u> .	1,50	1. •		
This amendment is submitted to amend the following:	·.	•		
A. If amending name, enter the new name of the limited liability company b	<u>here</u> :			
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	'	wish 22 00		
		C 4		
	•	∞ €		
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" are new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) The real mailing address, if applicable: It is impart of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered.	1			
Enter new mailing address, if applicable:		છ ≨		
				
	, ,			
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the na	me of the new registere		
Name of New Registered Agent:				
New Registered Office Address:	1.4			
Enter Fl.	Enter Florida street address			
	Florida _	·		
City		Zip Code		

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.

11

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> Fitle</u>	<u>Name</u>	Address	Type of Actio
AMBR	Ularia I Aleman	Velazquez 16711 Delia St., wir	Manual Xvaa
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only Adding and additional	Authorized member
Haria I Aleman Velazquez.	
Document # L2000012412	
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ve date, if other than the date of filing: A STA Descrive date is listed, the date must be specific and cannot be prior to date of fill the date inserted in this block does not meet the applicable statute ent's effective date on the Department of State's records. If specifies a delayed effective date, but not an effective time, at 12:0	ling or more than 90 days after filing.) Pursuant to 6 ory filing requirements, this date will not be Ii
ed.	
December 5, 2022	·.· · .
Cilma Wra of a mambar or authorized range	sentative of a member
Signature of a member or authorized repre-	0

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
AMBR	Maria I Aleman-	lelarguez 16711 Delia St.	XAdd
		Wimavina Fl 33598	□Remove
			□Change
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			Change 20 Change Co.
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ective date, if other reffective date is listed, t te: If the date inserted cument's effective date	the date must be specif d in this block does	ic and cannot be pri not meet the app	licable statutory fil	more than 90 day			
cord specifies a delay s filed.	ed effective date, by	it not an effective	e time, at 12:01 a.n	i, on the earlier	of: (b) The 9	0th day afi	ter th
ed <u>August</u>	39	2027	 /				
	Signature	of a member or au	thorized representati	ve of a member			
	_	,	•				