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TO:

Registration Section Division of Corporations

CHRIFCT.	T-YEP LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	Annue of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing the return all correspondence concerning this matter to the following: Troy Pollard Name of Person T-YEP LLC Firm/Company 1937 GRAND STREET Address JACKSONVILLE, FL 32208 City/State and Zip Code blackmaxiums@gmail.com E-mail address: (to be used for future annual report notification) Troy Pollard Name of Person Area Code Name of Person Area Code Name of Person Fermil address: (to be used for future annual report notification) Certificate of Status Certificate of Status & Certified Copy (udditional copy is enclosed) Mailing Address: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Section Solution Status Suite 810		
	Troy P		
		Name of Person	
	T-YEP	<u></u>	
		Firm/Company	
	193 7 GR	RAND STREET	
		Address	
	JACKS	ONVILLE, FL 32208	
		City/State and Zip Code	
		•	
	E-mail address: (to be used for future annual report no	otification)
For further information co	oncerning this matter, please co	all:	
Troy Polk	urd		
Name o	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C P.O. Box 632	Section orporations 7	Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 810

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	T-YEP LLC				
SOURCE.	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Troy P	ollard			
		Name of Person			
	T-YEP I	LLC			
		Firm/Company			
	1937 GR	AND STREET			
		Address			
JACKSONVILLE, FL 32208					
		City/State and Zip Code			
	blackmax	ciums@gmail.com			
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please co	all:			
Troy Polic	ard	502 797-8626			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section forporations 17	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations l'allahassee de Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T-YEP LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records,
The Articles of Organization for this Limited Liability Company were filed on	()4/21/2()2() and assigned
Florida document numberL20000108649	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	2021 SEC
	1-80 Q
	وستان المناسب
Enter new mailing address, if applicable:	n Million Mill
(Mailing address MAY BE A POST OFFICE BOX)	
	7) 0
B. If amending the registered agent and/or registered office address on our recagent and/or the new registered office address here:	cords, enter the name of the new reg
Name of New Registered Agent:	
New Registered Office Address:	Industrial Albania
Enter Florid	la street address
City	Florida Zip Code
City	2,051 1,11001

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>	Address	Type of Action
MGR	Troy Pollard	1937 Grand Street Jacksonville, FL 32208	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		SECRETARY OF THE EXPRESSED	C PRemove
			No □ □Add
			□Remove
			□Change
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an effective date is line. Note: If the date in	other than the date isted, the date must be spenserted in this block dove date on the Departm	ecific and cannot ses not meet the	ot be prior to d he applicable	late of filing o	r more than ⁹ ling require	(optio 0 days after ments, this	filing.) P	ursuant ill not t	to 605,02 be listed
record specifies a d is filed.	delayed effective date	but not an ef	fective time	, at 12:01 a.i	n, on the ea	rlier of: (b)	The '	90th da	y after tl
Pated	June 22	· <u>20</u> ;	21						
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