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Office Use Only

7/21/20

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		•	
FAND SUBJECT:	Y MAK ENTERPRISE LLC			
30D3EC1.	Name of Li	mited Liability Company		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
	espondence concerning this matte	-		
		YIN HA MAK		
		Name of Person		
		Firm/Company	·	~
		17080 SW 92 ND CT		2020 JUN 15
		Address		
		MIAMI,, FLORIDA 33157	Asymis Chapter Tagasi	
		City/State and Zip Code	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	PH 3: 10
For further informatic	E-mail address: on concerning this matter, please o	to be used for future annual report not	ification)	0
YIN HA MAK	<i>3</i>	786 805-5718		
Nan	ne of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check fo	or the following amount:			
■ \$25.00 Filing Fee	E S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	itus &
<u>Mailing Add</u> Registratio		Street Address:	ction	
Division of	f Corporations	Registration Se Division of Cor	porations	
P.O. Box 6 Tallahassee	6327 e. FL 32314	The Centre of 1		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y MAK LLC		
ompany as it now appears on our reconited Liability Company)	ords.)	
pany were filed on 06/02/2020		_ and assigned
liability company here:		
Liability Company," the designation "L	LC" or the abbre	viation "L.L.C."
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City		Lip Code
	District Company as it now appears on our recontred Liability Company)  Doany were filed on 06/02/2020  Liability Company here:  Liability Company," the designation "L. S)  ice address on our records, enter	District Liability Company)  Doany were filed on     O6/02/2020

## 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>	Name	<u>Address</u>	Type of Action
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	t be specific and ca ock does not mee epartment of Stat	nnot be prior to out the applicable's records.	e statutory mm	ore than 90 days a g requirements.	this date will no	ot be listed	d as t
e record specifies a delayed effective rd is filed.	e date, but not an	effective time.	, at 12:01 a.m. c	on the earlier of	(b) The 90th	day after t	the
Dated	<del></del> , _	<del></del>					
Dated	Signature of a med		<u>L</u>				

Filing Fee: \$25.00