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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: The ESSENTIAL CLEATH COMPANY Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SMULLA COSMIC Name of Person
The Essential Company
1071 L.B. McLead Rd Se D PMBAB
Address City/State and Zip Code E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certificate of Status}\$\$ \$\ \text{Certificate of Status}\$\$\$ \$\ \text{Certificate of Status}\$\$\$ \$\ \text{Certificate of Status}\$\$\$\$ \$\ \text{Certificate of Status}\$\$\$\$\$ \$\ \text{Certificate of Status}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now abbears on our record Liability Company)	ds.)		
The Articles of Organization for this Limited Liability Company Florida document number \$\(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were filed on 10/29/7	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	YOS LLC			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company, the designation "Li.C	or the aboreviation L.L.C.		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	-	N		
		7 P		
E-A		72		
Enter new mailing address, if applicable:		77 0		
(Mailing address MAY BE A POST OFFICE BOX)		Lut -		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	,, , , , ,	orida		
	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

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>		Type of Action
MGRM	Lesly Ajuste Jr.	4071 L.B Molecul Rel SED PMB#5	□Add
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Filing Fee: \$25.00