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## **COVER LETTER**

TO: Registration Section Division of Corporation	ons		
SUBJECT:	YM CAPITAL Name of Limited Lie	ASSET LLC.	
The enclosed Articles of Amend			
	<u>Yaira</u>	Name of Person.	
_	YM CAP	TAL ASSET, LLC Firm/Company	<del></del>
_	19501	NE 22 nd RD. Address	
- -	Ci V MC7H W1AU Ci V MC7H E-mail address: (to'be	ity/State and Zip Code  (A (A) VM (A) HA (A) SST+  cused for future annual report notification)	<u></u> <u>- (O</u> 17)
For further information conce	erning this matter, please call:		
Name of Per	MHIA	at (\frac{\bar{\SQ}}{\text{Area Code}}) \frac{\bar{\Q} \bar{\Q} \frac{\Q}{\text{Daytime Telephon}}	13 ne Number
Enclosed is a check for the f	ollowing amount:  ☐ \$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)
<u>Mailing Address:</u> Registration Se Division of Co	ction rporations	Street Address: Registration Section Division of Corporation The Centre of Tallaha	ons essee

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liabili (A Florid	TAL ASSET, ILC liv Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Colorida document number <u>L 200 00 364 06 1</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD	1021 TVES DAIRY RUAD  RESS)  BUILDING 3 ₹ 115  MIAMI, FL 33179 00 5 71  19501 NE 22ND TROAD
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MODIN MINN BEACKEL 931 AT
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, enter the name of the how registered
Name of New Registered Agent:	Yaira N. Mejia
New Registered Office Address:	19501 NE DOND ROAD  Enter Florida street address
	MORTH LIAM BEACH, Florida 33179  City Zip Code
Nam Degistered Agent's Signature, if changing Register	red Agent:

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:	nuthorized to manage, enter the title, name, and	address of each person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MGR = Manager AMBR = Authorized Member			
Tide Name	Address	Type	of Action

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗀 Add
			□Remove
			Change
			Remove
			Change
			□Add
			□Remove
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f amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
the record spectord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	7/19/2022
	Signature of a member or authorized representative of a member
	Vaik 2 Mil 17 Typed or printed name of signee

Filing Fee: \$25.00