Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000357968 3)))



**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

... ... ... ... ... ...

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

#★Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## YUMIYU L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

OCT 12 2023

K. Brumbley

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUMIYU L.L.C.				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Liability Company lorida document number <u>L21000116558</u> .	were filed on 03/19/2021	and assigned		
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
te new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."		
nter new principal offices address, if applicable:	1550 Madruga Ave, Ste 303			
Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33146			
nter new mailing address, if applicable:	1550 Madruga Ave, Ste 303			
Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33146			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the n	ame of the new regis		
	, Florida	2 PH		
	City	zip Code		
ew 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 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	Address	Type of Action
			□Add
			□Remove
			□Change
			CAdd
			Remove
			☐Change
			□Add
		<del></del>	□Remove
			\ \ \ \tange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Remove
			□Change

	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
		<del></del>	- <del></del>		<del></del>
					<del></del>
			<del></del>		
<del></del>				<del></del>	
<del></del>	<del></del>				
				<del> </del>	
Effective date, if other than the d	ate of filing:			(optional)	
f an effective date is listed, the date must b <b>Note:</b> If the date inserted in this bloc	be specific and cannot be	prior to date of fi	ling or more than 9	0 days after filing.) l	Pursuant to 605,020
document's effective date on the Dep	artment of State's rec	ppricaore statuti ords.	ny ming reduite	ments, this date w	th not be usied as
•					
record specifies a delayed effective of	date, but not an effect	ive time, at 12:f	ll a mi on the ea	rlier of: (b) The	90th day after the
d is filed.	sale, our tier in crieer	, , , , , , , , , , , , , , , , , , ,	or ann. on the ca	iner or. (o)	with day after the
Dated October 12th,	2023				
/accu	·	·			
		1			
	Tumh	erlun 100	Lou		
Si	Tymb ignature of a momber or	authorized repro	Lay Connive of a mem	ber	<del></del>

Filing Fee: \$25.00