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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations YCT PAINTING AND DRYWALL LLC SUBJECT: 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: Marisela Iglesias Name of Person Firm/Company 1761 SW 11th Street Address Miami FL 33135 City/State and Zip Code mariselaiglesias@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 517-4863 Marisela Iglesias Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & S55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on ou Liability Company)	ir records.)	
The Articles of Organization for this Limited Liability Compan	by were filed on $\frac{03/29/21}{1}$		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designat	ion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		1	
(Principal office address MUST BE A STREET ADDRESS)		<u>.</u>	121
			<u> </u>
		-	8-
Enter new mailing address, if applicable:			<u> </u>
• • • •			.
(Mailing address MAY BE A POST OFFICE BOX)			: 06
B. If amending the registered agent and/or registered office	e address on our records	s, enter the name	of the new regi
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
,		Florida	
	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 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	Yordan Carbajo Toledo	3032 Nw 3rd Street	
		Mlami FL 33125	□Remove
			\BChange
AMBR	Yordani Carbajo Toledo	3032 NW 3rd Street	
		Miami FL 33125	□Remove
			Change
			Remove
			Change
			□Add
			Remove
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fective date, if other than the date of filing:n effective date is listed, the date must be specific and cannot be			(optional)	
n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the ap	prior to date of fill onlicable statuto	ing or more than 90 ry filing require) days after filing.) ments, this date	Pursuant to 605.02 will not be listed
cument's effective date on the Department of State's reco	ords.			
ecord specifies a delayed effective date, but not an effecti	ve time, at 12:0	l a.m. on the car	lier of: (b) The	e 90th day after th
is filed.				
05/25/2021				
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u.de -				
Moullus Signature of a member or	authorized repres	entative of a mem	per	