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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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DOZ JAN 24 PH 3: 1 SECRETARY OF STATE

Y. SCOTT JAN 2 9 2022

COVER LETTER

TO:

ΓΟ: Registration Se Division of Cor					
Yosdeny Z	ayas Bealty LLC	4	^		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing			
	ondence concerning this matter	-			
	Yosdeny Zayas				
		Name of Person		. 2	
	Yosdeny Zayas LLC		TALL SCOKE	2022 J.W. 24	- .
	650 East 10th Ave	Firm/Company	AHASSEE.		
		Address	m m	PH 3: I	
	Hialeah, Florida 33010		그	1ATE ,	
For further information c	yosdeny.zayas@outlook.com E-mail address: (concerning this matter, please or	to be used for future annual report noti	fication)		
Yosdeny Zayas	,	305 342 1861			
Name c	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 8'	10	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yosdeny Zayas Realty LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our a liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 4/16/2021	and assigned
lorida document number 1.21000176846		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Yosdeny Zayas LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L,C."
Enter new principal offices address, if applicable:	650 East 10th Ave	S 20
Principal office address MUST BE A STREET ADDRESS)	Hialeah, Fl 33010	TCRE J
		I AN E
		PH PH RY OF IASSE
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- S Ω U
		<u>m</u> 6
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>(</u>	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	rance i no see server	
	City	Florida

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
			🖸 Add
			□Remove
			□Change
			□Add
		3.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	, □Remove
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		SECRETARY OF STATE TALLAHASSEE, FL	
		TATE FL	□Remove
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		🗖 Add	
			□Remove
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		□Remove	
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		□Remove	
			□Change

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1/20/2022 11:05 PM)th day after the
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Signate of a member or authorized representative of a member	