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COVER LETTER

Registration Section

TO:

Div	ision of Corp	porations		
	EYPG 2020), LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CARMEN VICTORIA MA	ACEDO FERNANDEZ	
			Name of Person	
		EYPG 2020, LLC		
		12910 SW 49TH		
			Address	
			City/State and Zip Code	
		MAFINANCELLC@GMA	IL.COM to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ca		2021 HAY
CARMEN V	VICTORIA N	MACEDO FERNANDEZ	787 3165244	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		A D
≡ \$25.00 E	filing Fee	□ \$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)
	iling Addres gistration S		<u>Street Address:</u> Registration Se	etion
Div	vision of C	forporations	Division of Cor	porations
). Box 632 Ilahassee, I		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EYPG 2020 LLC		
(Name of the Limited Liability Company as lt (A Florida Limited Liability	now appears on our records.) Company)	
ne Articles of Organization for this Limited Liability Company were fi	iled on _04/16/2021	and assigned
orida document number L21000177847		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability co	mpany here:	
ne new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abb	previation "L.L.C."
nter new principal offices address, if applicable:	w <u> </u>	
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
	<u>-</u>	202
	:	= .;
If amending the registered agent and/or registered office address	on our records, enter the name	of the new-regist
ent and/or the new registered office address here:		٠ .
		> . TI
Name of New Registered Agent:		=
New Registered Office Address:	٠,	24
The state of the s	Enter Florida street address	
	, Florida	
Cit	v	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
AMBR	CARMEN VICTORI MACEDO FERNANDEZ	_12910 SW 49TH, MIRAMAR, FL 33027	□Add
			≡Rcmove
			□Change
AMBR	CARMEN VICTORIA MACEDO FERNANDEZ	12910 SW 49TH, MIRAMAR, FL 33027	■Add
			[]Remove
			□ Change
		<u> </u>	□Add
		.: 	☐ Remove
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			, ;	2021	
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i effective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date of lock does not meet the applicable statement of State's records	(option:	al) ing.) Pi	2 ursuant to	
	Spartment of Otale Vicesian.				
cord specifies a delayed effectives filed.	re date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 9	Oth day a	ifter the
ed APRIL 16th	2021	presentative of a member			

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