

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.

(((H23000175048 3)))



H230001750483ABC/

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 : DI MARE ACCOUNTING & TAX SERVICES, INC.

Account Number : I20220000182 Phone : (786)915-0745 Fax Number : (786)364-0136

\*\*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 PROFESSIONAL Y&G SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Helesos II YAM T. LEMIEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000175048 3

PROFESSIONAL Y&G SERVICES LLC					
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)					
0.422/2021					
The Articles of Organization for this Limited Liability Company were filed on \(\frac{04\cdot 22\sqrt{2021}}{2021}\) and assigned and assigned Florida document number \(\frac{L21000187098}{2021}\).					
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)					
<del></del>					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new reg</u> 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					
$\omega$					

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H23000175048 3

MGR =	Manager	
AMBR =	<b>Authorized Member</b>	

<u>Title</u>	Name	Address	Type of Action
MGR	HERNANDEZ T, YENNY L	3731 NW FLAGLER TER, MIAMI, FL 33126	□Add
			□Remove
			<b>=</b> Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

H23000175048 3

_	
-	
an effect ote: If	e date, if other than the date of filing:  (optional)  (optional)  (ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records.
record :	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h). The 90th day after the
ated _	AY 10 . 2023