## K210000296649

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## **COVER LETTER**

Division of Cor			
YCGM LL			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Doel Moreno		
		Name of Person	
		Firm/Company	
	2468 S. Conway Rd. Apt 7	71	
		Address	<del>.</del>
	Orlando, Fl 32812		
	YCGM2021@GMAIL.CO	City/State and Zip Code M	
	<del>-</del>	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Doel Moreno		407 924-9875	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the			
S25.00 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)
Mailing Addres		Street Address:	
Registration Section		Registration So	
Division of C P.O. Box 632	Corporations	Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YCGM LLC		
( <u>Name of the Limited Liability (</u> A Florida Lir	ompany as it now appears on our record- mited Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Com Florida document number L21000296649	pany were filed on 6/28/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>	
		CD #A1 (N2)
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		4.
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		— <del>————————————————————————————————————</del>
B. If amending the registered agent and/or registered of	ffice address on our records, enter	
agent and/or the new registered office address here:	<u></u>	12
		, •
Name of New Registered Agent:		
New Registered Office Address:	. <u> </u>	
	Enter Florida street address	•
		rida
**************************************	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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Jaylen Moreno	2468 S. CONWAY ROAD	□Add
		APT 71	□Remove
		ORLANDO, F1, 32812	<b>=</b> Change
AR	Jelani Moreno	2468 S. CONWAY ROAD	
		APT 71	
	ORLANDO, FL., 32812	<b>≡</b> Change	
AR	Jye Moreno	2468 S. CONWAY ROAD	□Add
		APT 7!	.~ □Remove
	ORLANDO, FL., 32812	≟ ÉChange	
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ecord specifies a delayed effective is filed.	date, but not an effective tim	ie, at 12:01 a.m. on the ear	lier of: (b) The 90th o	day after th
ed	2021	_·		
3	-001-	<b></b>		
	Signature of a member or author	and many many in a factor of		

Filing Fee: \$25.00