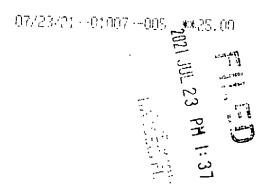
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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RECEIVED

COVER LETTER

Division of Corporations		
SUBJECT: Y 5 Logis 7 C. Name of Limite	& Trauspat	LLC
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
	Perce Rosa Name of Person & Transport Firm/Company	
•	en fry estaf	
Peltona eprosado E-mail address: (to	City/State and Zip Code O J Q gma; /. Die used for luttere annual report notif	(DM)
For further information concerning this matter, please cal	H:	
Edgar Rise Rosab	at (386) 701 Area Code Daytime	- 6575 Telephone Number
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Sec	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YS Logistic	& Transa	port LLC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears of or Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>421000298490</u>	y were filed on	28/201 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designat	ion "LI.C" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		- 2 Fil
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		M1
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:	_	
New Registered Office Address:		
	Enter Florida str	vet address
	City	, Florida
	City	zip Coae

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>	Name	Address	Type of Action
AMBR	Edgar Perez Assads	441 coventry estates	2 Add
		441 coventry estates Blud Deltona Fl 3272	∑ □Remove
			
	·		🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Effective date, if other than the date of filing:)207 (3) d as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after toord is filed.	the
Dated 7-23-2021	
Signature of a member or authorized representative of a member	
Edgar Perce Rosa Co Typed or printed name of signee	

Filing Fee: \$25.00