## h21000298542

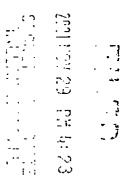
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DEC 11 2021

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:		ted Liability Company	<del></del>	
The enclosed Articles of Amendi	nent and fee(s) are subi	mitted for filing.		
Please return all correspondence	concerning this matter	to the following:		
		Ricardo Fonseca		
		Name of Person		
		YPR SOLUTIONS, LLC		
	<u> </u>	Firm/Company		
		710 Pondella RD Suite # 7		
		Address		
	N	North Fort Myers, FL 33903		
		City/State and Zip Code	<del></del>	
	pr	solucionessas@gmail.com		
	E-mail address: (t	to be used for future annual report no	tification)	
For further information concerning	ng this matter, please ca	all:		-17 1
Antonio Zerpa		305	600.4329	
Name of Person		Area Code Dayti	me Telephone Number	: r
Enclosed is a check for the follow	wing amount:			
	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Mailing Address: Registration Section	1	Street Address: Registration S	ection	
Division of Corpora		Division of Co	orporations	•
P.O. Box 6327 Tallahassee, FL 323	314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 8	10

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YPK SOLUT						
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears ( Liability Company)	on our records.)				
1.21.000200542	were filed on	June 28, 2021	and assi	gned		
Florida document number						
Florida document numberL21000298542  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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  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, enter the name of the new registered registered agent and/or registered office address on our records, enter the name of the new registered registered agent and/or registered office address on our records, enter the name of the new registered registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered agent and/or registered office address on our records, enter the name of the new registered office address on our records.						
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company her	<u>e</u> :				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the ab	breviation "L.I	C."		
Enter new principal offices address, if applicable:	710 Pondella RD Suite # 7					
	North Fort Myers	, FL 33903	_ <del></del>			
			. <u>.</u>			
Enter new mailing address, if applicable:						
• • • • • • • • • • • • • • • • • • • •						
	<del></del>		. =			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	cords, enter the nam	e of the new	regis		
agent and/or the new registered office address here.				1		
Name of New Registered Agent:		!	(A)	* # .~ .,		
Name of New Registered Agent:			<del></del>	<u>_</u>		
New Registered Office Address:	Enter Floria	la street address		<u> </u>		
	ishici I torta		i fi	محمديه		
		, Florida <u></u> '	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, 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
			\ \ \ \_Add
			Remove
			Change
			Remove
			□Change
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			□Remove
			Change
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Note: If the o	te, if other than the date is listed, the date must be date inserted in this block fective date on the Depa	does not me	eet the applic	able statutory	g or more than filing requir	<b>(optio</b> ) 90 days after f ements, this	il <mark>ing.) Purs</mark> uan	ည် t to 605.02 be listed	207 ( as t
e record speci rd is filed.	fies a delayed effective d	ate, but not a	an effective ti	me, at 12:01	a.m. on the e	arlier of: (b)	The 90th d	ay after ti	he
Dated	November 22			fis					
_	Sig	nature of a n	iember or auth	orized represen	tative of a mer	nber	-	<del></del>	