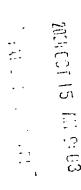
## L21000458114

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations				
	ISORY, LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter	J			
or real results and extremely a	morno concenning mis matter	to the following.			
	YRENE LAMBERT				
	<del></del>	Name of Person	·		
	YMS ADVISORY, LLC				
		Firm/Company	<del></del>		
	100 BISCAYNE BLVD 2:	510			
	<del></del>	Address			
	MIAMI FL 33132				
		City/State and Zip Code	<u></u> _		
	yrene@lambertadvisory.com				
Paul Contact of Contact		to be used for future annual report no	dification)		
,	oncerning this matter, please c	all:			
YRENE LAMBERT at (		954 940-0448 at ()			
Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for th	_				
■ \$25.00 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	e.	Strout Address			
Registration S		Street Address: Registration Section			
Division of C	-		Division of Corporations		
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YMS ADVISORY, LLC		200	•
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears of orida Limited Liability Company)	on our-records.) 5	S: 04
The Articles of Organization for this Limited Liabili	ty Company were filed on OCI	OBER 21, 2021 .	and assigned
Torida document number 1.21000458114	·		
his amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here	<u>2</u> :	
The new name must be distinguishable and contain the words	'Limited Liability Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
Principal office address MUST BE A STREET AL	ODRESS)		
		_	
		<u>.</u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	)		
			<u> </u>
3. If amending the registered agent and/or regist	ered office address on our rec	ords, <u>enter the na</u>	me of the new regis
gent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street address	
		, Florida	
_	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 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
MGR	PAUL LAMBERT	100 BISCAYNE BLVD SUITE 2510	<b>=</b> Add
		MIAMI, FL 33132	□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
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ective date, if other than the dand offective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depa	specific and cannot be pr does not meet the app	licable statutory filir	(optiona nore than 90 days after filing requirements, this da	ng.) Pursuant to 605,020
cord specifies a delayed effective da s filed.	ite, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ed OCTOBER 10	. 2024			
		. \		
Sig	nature of a member or au	thorized representative	of a member	