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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2022 JAN 1 O AM 8: 15
SECRELARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

| SUBJECT: Ya yoy Express LLC Name of Limited Liability Company | |
|---|--|
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Grabiel Dumeng Name of Person | |
| ta voy Express LLC | |
| 5413 Conway Point Ct | |
| Orlando, FC 32817 City/State and Zip Code | |
| City/State and Zip Code Yave Expressible @ Gmail com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Name of Person at (407) Area Code Daytime Telephone N | Jumber |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certified Copy Certificate Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed) | 0.00 Filing Fee, ortificate of Status & rtified Copy ditional copy is enclosed) |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Su | |

Tallahassee, FL 32303



RECEIVED

2022 JAN 10 PM 3: 15

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations TALLAHASSEE. FL

December 3, 2021

GRABIEL DUMENG ROSADO **5413 CONWAY POINTE CT** ORLANDO, FL 32812 US

SUBJECT: YA VOY EXPRESS LLC

Ref. Number: L21000477617

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FORIGN CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00029113

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN 10 AM 8: 15

| Ya voy Express L | LC SECRETARY OF STATE |
|--|--|
| Ya voy Express L (Name of the Limited Liability Compan (A Florida Limited Li | v as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company | vere filed on November 4th 2021 and assigned |
| Florida document number <u>L21000477617</u> . | · |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | ity company here: |
| N/A | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | MA |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | |
| Enter new mailing address, if applicable: | N/A |
| | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered office ac | dress on our records, enter the name of the new registered |
| agent and/or the new registered office address here: | |
| OK. | W H S mal toward |
| Name of New Registered Agent: | Katherine Navarro |
| New Registered Office Address: | NA |
| | 'Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | Cuy Zip Code |
| ivew Registered Agent's Signature, if changing Registered Agent: | |

<u>N</u>

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|----------------------|----------------|
| MGR | Katherine Navarro | 5413 conway Point et | (EXdd |
| | | orlando, FC 32812 | □Remove |
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| <i>D.</i> 11 a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------|---|
| | Plæase Add Katherine Nowarro as |
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| (11 ar No | ective date, if other than the date of filing: 1 3 2022 (optional) reflective 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 605.0207 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nument's effective date on the Department of State's records. |
| If the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the s filed. |
| Dat | ed 1 3 2022. |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00