210004771917

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

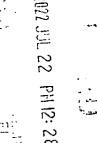
Office Use Only



600391297826

07/22/22--01009--025 +*25.00

2022 JUL 22 PH 12: 28



of 7/22/2022

COVER LETTER

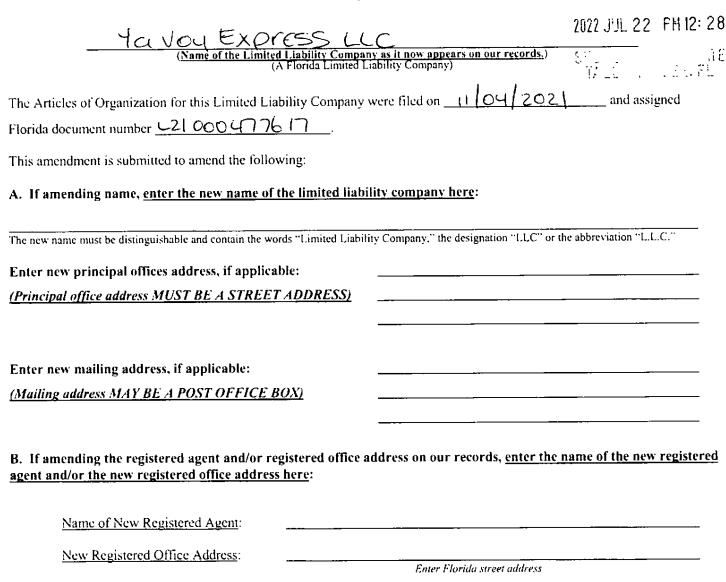
TO: Registration Sec Division of Corp			
SUBJECT: Ya	Voy Expression Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Grabiel Du	name of Person	<u> </u>
	Ya Voy Exp	Firm/Company	
	5413 Conu	vay Pointe a	+
	or lando, fc	32817 City/State and Zip Code	
	Ya voy Expr E-mail address: (to	ESS LCC @ 917 o be used for future annual report notif	rai(,com
For further information ec	oncerning this matter, please ca	di:	
Grabie D	uneng Resad	O at (321) 213- Area Code Daytime	7034 e Telephone Number
Enclosed is a check for th	e following amount:		
▼ \$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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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.

Cin

_, Florida ___

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 Title Name Address Type of Action 8218 43rd AVE W DANG <u>Kalterine A</u> Navarro Bradenton, FL 34209 Tekemove ______ □Change Remove _____ □Remove □Remove _____ □Change

_____ □Change

_	
_	
	
_	
_	
an effec T <mark>ote:</mark> If	e date, if other than the date of filing: 7 22 2022 (optional) tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
record : I is filed	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 figure of the first of th
ated _	7/22 3022.
	Signature of a member or authorized representative of a member