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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

11/24/21

NAME: Y39 LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 29, 2021

FLORIDA FILING

SUBJECT: Y39 LLC

Ref. Number: L21000488250

We have received your document for Y39 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Applease Kear Original File dute

Terri J Schroeder Regulatory Specialist III

Letter Number: 321A00028570

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y39	LLC		
(<u>Name of the Limited Liability</u> (Δ Florida	Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	November 12, 2021	and assigned
Florida document numberL21000488250			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company h	ere:	
YUKI GUO LLC			
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			202
Principal office address MUST BE A STREET ADDR.	ESS)		
			ر. د ساهیسسا این د ساهیسسا
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			~>
7741177			
B. If amending the registered agent and/or registered	office address on our	records, <u>enter the name</u>	of the new registere
agent and/or the new registered office address here:			,
Name of New Registered Agent:			
New Registered Office Address:	. <u></u>		
	Enter Flo	orida 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 ca	ch person	being added
or removed from our records:					

. .

MGR =	Manager	
AMBR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
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ective date, if other than the dan effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depa	does not meet the app	licable statutory fi	more than 90 days after ling requirements, this	onar) r filing.) Pursuant to 605.0207 is date will not be fisted as
ecord specifies a delayed effective da is filed.	ate, but not an effective	: time, at 12:01 a.r	n. on the earlier of: (t	The 90th day after the
ted November 20	, 2021	·		
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Sig	nature of a member or au	thorized representat	ve of a member	
	Yuki	Cuo		

Filing Fee: \$25.00