

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

* Page: 1 of 5

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITAL LEGAL GROUP PA

Account Number : I20210000025 Phone : (305)676-0924 Fax Number : (305)676-0924

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

	Email	
Address:	lshapiro@capitalesol.com	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

YMAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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APPROVEL AND FILED

COVER LETTER

TO: Registration Division of C		
YMAS I	LC	
SUBJECT:	Name of Limi	ted Liability Company
The enclosed Articles	of Amendment and fee(s) are sub-	nitted for filing.
Please return all corre	spondence concerning this matter	to the following.
	Lauren Shapiro	
		Name of Person
	Capital Enterprise Solution	s, LLC
		Firm'Company
	1110 Brickell Avenue, Sui	cc 505
		Address
	Miami, FL 33131	
	Ishapiro@capitalesol.com	City/State and Zip Code
		to be used for future annual report notification)
For further information	on concerning this matter, please c	all:
Lauren Shapiro		305 676-0924 at ()
Nar	ne of Person	Area Code Daytime Telephone Number
Enclosed is a check for	or the following amount	
■ \$25,00 Filing Fe	© \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	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

YMAS LLC				
(Name of the Limi	ied Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on 2/7/22	and assigned	d
Florida document number L22000064337	<u> </u>			
This amendment is submitted to amend the following	owing:			
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	.—
Enter new principal offices address, if appli-	inter new principal offices address, if applicable:			
(Principal office address MUST BE A STRE)		Suite 505		
		Miami, FL 33131		
Enter new mailing address, if applicable:		1110 Brickell Avenue		
(Mailing address MAY BE A POST OFFICE	(BOX)	Suite 505		
priming dual to the total and	<u></u>	Miami, FL 33131		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	ess here:	address on our records, <u>enter the</u> rise Solutions, ELC	2022 HAY	gisterei
		Avenue, Suite 505	20	
New Registered Office Address:		Enter Florida street address	22.7	
	Miami ———————	City Flori	da 33131-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	`-
		Chi	· "" ພ	

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

auer Shapur

From: Lauren Sh.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H220001801913)))

2022-05-20 15:45:27 GMT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Capital Enterprise Solutions, LLC	1110 Brickell Avenue, Suite 505	■Add
		Miami, FL 33131	□Remove
			[]Change
MGR	Corpag Registered Agents (USA), I	999 Brickell Avenue, Suite 820	\ _\Add
		Miami, FL 33131	■Remove
			Change
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Signature of a member or authorized representative of a member	May 20	2022			
Signature of a member or authorized representative of a member	Zaw	a Shapur			
Lauren Shapiro		Signature of a member or auth	orized representative of a	member	
	Lauren Shapiro				