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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.

(((H22000180209 3)))



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To:

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 \_\_lshapiro@capitalesol.com\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YMASYA LLC

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

2  $\ddot{\circ}$  TO:

Registration Section

### **COVER LETTER**

Division of Cor	porations		
YMASYA	LLC		
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lauren Shapiro		
		Name of Person	<del></del>
	Capital Enterprise Solution	s, LLC	
		Firm'Company	
	1110 Brickell Avenue, Sui	te 505	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	lshapiro@capitalesol.com		<u> </u>
	E-mail address: (	to be used for future annual report noul	heation)
For further information of	concerning this matter, please c	all:	
Lauren Shapiro		305 676-0924 at ( )	
Name	of Person	Area Code Daytime	e Telephane Number
Enclosed is a check for	the following amount.		
■ \$25.00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	☐ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is coclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

YMASYA LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our relability Company)	records.)	
The Articles of Organization for this Limited Lie Florida document number <u>L22000064338</u>	ability Company	were filed on 2/7/22	and	d assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreyiation	on "L.L.C."
Enter new principal offices address, if applicable:		1110 Brickell Avenue		022
(Principal office address MUST BE A STREE		Suite 505	£19	HAY 3
Trincipal office address program, A Grant Line Andrews		Miami, FL 33131		20 F 20 R
Enter new mailing address, if applicable:		1110 Brickell Avenue		ED ANTI
(Mailing address MAY BE A POST OFFICE BOX)		Suite 505		<del></del>
		Miami, FL 33131		
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:		enter the name of th	<u>e new registered</u>
Name of New Registered Agent:	Capital Enterp	rise Solutions, LLC		
New Registered Office Address:	ew Registered Office Address: F110 Brickell Avenue, Suite 505			
	Enter Florida street oildress			
	Miami	<del></del>	, Florida $\frac{33131}{700}$	Code
Now Penistered Agent's Signature if changing	D. J 1 1	Cny	Zipi	C DAIC

Thereby 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. auer Shapuo

If Changing Registered Agent, Signature of New Registered Agent

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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: (((H22000180209 3)))

2022-05-20 15:46:58 GMT

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Capital Enterprise Solutions, LLC	1110 Brickell Avenue, Suite 505	<b>=</b> Add
		Miami, FL 33131	
			∐("hange
MGR	Corpug Registered Agents (USA), 1	999 Brickell Avenue, Suite 820	🗀 \\dd
		Miami, FL 33131	■Remove
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			□Add
			[]Remove

To:

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ffective date, if other than an effective date is listed, the date fote: If the date inserted in thi ocument's effective date on the	s block does not i	neet the applical	o date of filing or roble statutory filin	(o) nore than 90 days a og requirements,	otional) fter filing.) Pursuant t this date will not b	o 505 0207 e listed as
record specifies a delayed effe is filed.	ctive date, but no	t an effective tim	ne, at 12:01 a.m.	on the earlier of	(h) The 90th day	after the
ated May 20		. 2022	– <u>:</u>			
	James	9/				
	2 com	member of author	<u> 5                                    </u>			_

(((H220001802093)))