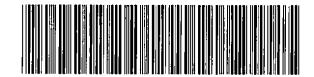
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

4180 YES. SUBJECT:	YES, YES, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	CHRISTY BENITEZ			
		Name of Person		
	Name of Person KELLER WILLIAMS REALTY PREMIER PROPERTIES Firm/Company 11420 N. KENDALL DRIVE SUITE 207 Address MIAMI FL 33176 City/State and Zip Code MYREALTORCHRISTY@YAHOO.COM E-mail address: (to be used for future annual report notification) on concerning this matter, please call: Area Code To Person The following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed) Certificate Of Status & Certificate Copy (additional copy is enclosed)			
		Firm/Company		
	11420 N. KENDALL DRI	VE SUITE 207		
		Address		
	MIAMI FL 33176			
		City/State and Zip Code		
	~			
	E-mail address: (to be used for future annual report n	otification)	
For further information c	oncerning this matter, please co	all:		
CRISTINA BENITEZ				
Name o	f Person		ime Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
Mailing Address Pagistration			Section	
Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4180 YES, YES, YES, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/14/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LAC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) AUG Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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	ALICIA CALDERON	11420 N KENDALL DRIVE SUITE 207	= Add
		MIAMI FL 33176	□Remove
			Change
AMBR	CRISTINA BENITEZ	11420 N KENDALL DRIVE SUITE 207	🗆 Add
		MIAMI FL 33176	□Remove
		-	
			□ Remove
			□Change
			□Add
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ffactive date	if other than the d	ate of filing: 07/	31/2023		(optiona	1)	
	is listed, the date must b		t be prior to date o	f filing or more than	90 days after filir	*7 ig.) Pursuant to 605.02	207 (
	e inserted in this bloc ctive date on the Dep			utory filing requi	rements, this da	te will not be listed	as t
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Filing Fee: \$25.00

Typed or printed name of signee