## 00098580

(Requestor's N	ame)
ı	
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	T MAIL
(Business Entit	v Name)
(Business Ellis	<i>,</i> 1.0
(Document Nu	nhor)
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thed Copies Certif	icates of Status
special Instructions to Filing Office	L,
Office U	se Only



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RECEIVED

12/24/2022

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_

PLEASE USE FUNDS F	ROM ACCT: 120210000160	AMOUNT: \$25.00
AUTHORIZATION:	00098580	
Business Name		lumber, (if known):
Walk in		Pick up time
Mail out		Will wait Photocopy
Certified Copy of Ar Certificate of Status	ticles of Organization	
NEW FILINGS		<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP PLLC		XAmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/RevocationMergerConversionStatement of Correction
OTHER FILINGS	REGIS	STERATION/QUALIFICATIONS
Annual Report	<del></del>	oreign filing imited Partnership
Fictitious Name		einstatement
APOSTIL ( )	OtherOther	

## **COVER LETTER**

	Registration Section Division of Corpora			
OUD IEC	YAPPA LLC			
SUBJECT	l: <u></u>	Name of Lin	nited Liability Company	<del></del>
The enclos	sed Articles of Ame	ndment and fee(s) are sub	omitted for filing.	
Please retu	ırn all corresponden	ce concerning this matter	to the following:	
	 γ	fart n E Delloca		
			Name of Person	<del></del>
	Ŋ	1dell Consulting Corp		
	_		Firm/Company	
	8	48 Brickell Ave Ste 1130		
	_		Address	
	N	fiami, FL 33131		
	-	lelloca@mdellconsulting	City/State and Zip Code	<del>-</del>
		1 -	to be used for future annual report no	tification)
For further	information concer	ning this matter, please c	ail:	
Martin E I	Delloca		305 607-3493	
	Name of Person	nc		ne Telephone Number
Enclosed is	s a check for the follow	owing amount:		
\$25.00	Filing Fec 🗆	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	lailing Address: egistration Section ivision of Corpo O. Box 6327 allahassee, FL 32	rations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	orporations Tallahassee De Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 DEC 22 AM II: 54

YAPPA LLC	Name of the Limited Liab	ility Compan da Limited Li	v as it now appears on our reability Company	SECRET OF STATE COFGSTATUTATASSEE.FL
The Articles of Organization for Florida document number 12200	this Limited Liability			
This amendment is submitted to	amend the following:			
A. If amending name, enter t				
The new name must be distinguishable	and contain the words "Li	mited Liabilit	y Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices ad	dress, if applicable:		848 Brickell Ave Ste 1130	
(Principal office address MUST BE A STREET ADDRES		RESS)	Miami, FL 33131	
Enter new mailing address, if	applicable:		848 Brickell Ave Ste 1130	
(Mailing address MAY BE A P	OST OFFICE BOX)		Miami, FL 33131	
B. If amending the registered agent and/or the new registere	agent and/or registere d office address here:	ed office ad	idress on our records, <u>en</u>	ter the name of the new registered
Name of New Register	ed Agent: Blue	max Partners	Corp	
New Registered Office	<del></del>			
	Enter Florida street address			
	Mian	ıi 	,	Florida 33131
			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 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
AMBR	Guelmos, Walter	4310 SW 15 St	DAdd
		Miami, FL 33134	
MOD			□ Change
MGR MIA BIZ GROUP LLC	MIA BIZ GROUP LLC	848 Brickell Ave Ste 1130	∰Add
		Miami, FI. 33131	□Remove
			(LChange
		Change	
			□Add
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			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change

D. If amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)
··· <u></u> -	
<del></del>	
<del></del>	
E. Effective date, if other tha	n the date of filing: (optional)
Note: If the date inserted in t	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)/b his block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
If the record specifies a delayed of record is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated Dec 22	2022
ME	OW'C
	Signature of a member or authorized representative of a member
Martin E Delloca	Typed or printed name of signee

Filing Fee: \$25.00