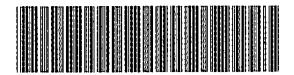
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
	AINTENACE LLC		
SUBJECT:	Name of Limi	ted 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:	
	YAMIL RODRIGUEZ		
		Name of Person	
		FirmCompany	
	723 NW 92 AVE		
		Address	
	PLANTATION, FL 33324		
	YAMII.2016@GMAIL.CO	City/State and Zip Code M	
	E-mail address: ()	to be used for future annual report notific	ation)
For further information e	oncerning this matter, please co	dl:	
YAMIL RODRIGUEZ		305 979-1011	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		<u>Street Address:</u> Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

YAMIL MAINTENACE LLC			HAS	:1
(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears on our red Liability Company)	cords.)	
The Articles of Organization for this Limited L Florida document number L22000101105	iability Compan	y were filed on 02/25/2022	and assigned 2	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited lia	bility company here:		
YAMIL MAINTENANCE LLC				
The new name must be distinguishable and contain the	vords "Limited Lial	oility Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A	·····	
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		e address on our records, en	nter the name of the new registe	red
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida street aa	ddress	
•			, Florida	
		Cïŋ	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 each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Remove
			Change
			□Remove
			Change
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			□Remove
			Change
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			□Remove
			□ Change

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ective date, if other than the dat	e of filing: 02/25/2022		(Iranitana)	
effective date is listed, the date must be:	specific and cannot be prior to	date of filing or more than	190 days after filing.) P	ursuant to 605,020
e: If the date inserted in this block aument's effective date on the Depart		ie statutory ming requ	rements, this date wi	ii not ne listed a
cord specifies a delayed effective dat	te, but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 9	
s filed.				2022 H
. April 11	2022			HAY
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(W123	nature of a member or authori			