## 122000145329

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

Division of Co				
YAYO-AI	PES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter			
·	•			
	Joshua Garcia Morales			50.5
		Name of Person		7-8 to
	YAYO-APES LLC			2022 JUL 20
		Firm Company		
	1126 Rosedale Ave			
	-	Address		
	Ft Pierce FL 34982			Çr.
	-	City/State and Zip Code		
	Marisolmorales7466a yahoo	com to be used for future annual report not	ti miran	
For further information	concerning this matter, please e		TICATO TO	
Marisol Morales		772 2402428		
Name	of Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	the following amount:			
□ \$25.00 Filling Fee	■ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy +additional copy is c	atus &
Mailing Addre	Section	Street Address: Registration Se		
Division of C P.O. Box 63:		Division of Co The Centre of		
Tallahassee.	FL 32314		e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAYO-APES LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>03/24/2022</u>	and assigned
Florida document number 4.22000145329		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "1.1.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		122 SEX
		·::
Enter new mailing address, if applicable:		,
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
		Ċ.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	<u>.</u>	
	Enter Florida street address	
	, Florida	
	Cuv	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 affice 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	Marisol Morales	1126 Rosedale Ave. Ft. Pierce F1, 34982	<b>=</b> Add
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			□Change
			🗆 Add
			□Remove
			□ Change
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fective date, if other than th	e date of filing:  st be specific and cannot be prior to date of filing or n	(optional)
ote: If the date inserted in this becament's effective date on the I	lock does not meet the applicable statutory lith	ng requirements, this date will not be listed a
etiment's effective date on the f	repartment of state's records.	
	d effective date, but not an effective	time, at 12:01 a.m. on the earlier of
The 90th day after the re-	ord is filed.	
July, 8th	2022	
ued July, 8th	. 2022	
	rt A Moral E. Signature of a member or authorized representative	e of a member

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Filing Fee: \$25.00