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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to F	Filing Officer:	
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COVER LETTER

TO:	Registration Sec Division of Corp		●	* '4
		RE MANAGEMENT CONSUI	LTING LLC .	,
SUBJ	ECT:	Name of Limit	ted Liability Company	
The en	nclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	o the following:	
		OSCAR ORELLANA		
			Name of Person	
		YUGA CARE MANAGEM	MENT CONSULTING LLC	
			Firm/Company	
		1150 NW 72ND AVE TOV	VER 1 STE 455 #6299	``;
			Address	· .
		MIAMI, FL 33126		
			City/State and Zip Code	
		orell026@icloud.com	o be used for future annual report notifi	cation)
For fu	rther information of	oncerning this matter, please ca		<u> </u>
	AR ORELLANA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	504 6075118	
	Name of	Darson	at ()	Telephone Number
	rame of	Telson	Area code Dayanie	receptione (value)
Enclos	sed is a check for th	e following amount:		
≣ \$1	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	tion

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

YUGA CARE MANAGEMENT CONSULTING LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/29}{1000000000000000000000000000000000000$	0/2022 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here	;
DRELLANA & COMPANY LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	:
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our rec	ords, <u>enter the name of the new regi</u>
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter Floridi	a 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.

Cin

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
			□Add
			□Remove
			□Change
			□Add
			Remove
			Remove
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□ Add
			Remove
			□ Change

Effective date, if other than the date of filing: 1/10/2023					
Effective date, if other than the date of filing: [Include 17	-				
Effective date, if other than the date of filing: [Include 17					
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