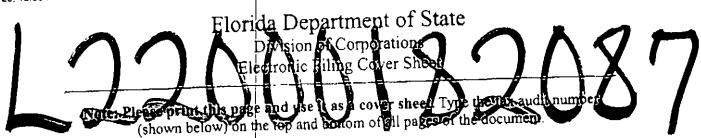
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Account Name

: LORETTA VALERO-SMITH

Account Number : I20210000138 Phone

: (561)674-5575

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COVER LETTER # 230002338803

ΓΟ; Reg Divi	Istration Sectionision of Corpor	o ations					
	LEPRIME YA	MATO LLC					
SUBJECT:			Limited Liability Company				
The enclosed	d Articles of Art	nendment and fee(s) are ence concerning this ma	submitted for filing. tter to the following:				
		LORETTA VALERO	SMITH				
			Name of Person				
		AWS BOOKKEEPIN	G & ACCOUNTING INC				
			Firm/Company			· · · ·	2
		1300 N FEDERAL H	WY SUITE 1047			- 1-	2023 JUL -5
			Address			25 H	
		BOCA RATON, FL				7 ft 1 =	
		LORETTA@AWSTA	City/State and Zip C	ode		OF STAT	A∰ 9: 33
		E-mail add	ress: (to be used for future and	nual report notifies	ation)		ယ
For furthe	r information co	ncerning this matter, ple	ease call:				
	a valero-sm		561	674-5575			
	Name of		Area Code	Daytime 1	Telephone Number		
	is a check for th 00 Filing Fee	e following amount: S30.00 Filing Fee Certificate of Sta	& S\$5.00 Filing tus Certified Copy (additions) copy	ру	S60.00 Filing Certificate of Certified Co (additional cop	of Status &	
	Malling Address Registration S Division of C P.O. Box 632	Section Corporations	Re Di Th	eet Address: gistration Secvision of Corple Centre of Table 15 N. Monroe	orations)	

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H230002338803

LEPRIME YAMATO LLC						
(Name of the Limit	d Liability Company (A Florida Limited Liab	as it now appears on our bility Company)	r records.)			
The Articles of Organization for this Limited Li Florida document number L22000182087 This amendment is submitted to amend the follows:		ere filed on <u>05/03/202</u>	2au	nd assigne	:d	
A. If amending name, enter the new name of	ł	ty company here:				
The new came must be distinguishable and contain the w	ords "Limited Liability	Company," the designati	on "LLC" or the abbreviat	ion "L.L.C.	n	
Enter new principal offices address, if applic	able:		<u> </u>			
(Principal office address MUST BE A STREE				35 (1)	20 23	
				AHAS:		
Enter new mailing address, if applicable:				<u> </u>	2	!
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			- 1955 - 1955	AH 9:	<u></u>
				Q.	33	
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office ad ss here:	dress on our records	, enter the name of t	<u>he new re</u>	gistere	<u>d</u>
Name of New Registered Agent:	AWS BOOKKEE	EPING & ACCOUNTE	NG INC.			
	1300 N FEDERA	L HWY SUITE 107				
New Registered Office Address:		DERAL HWY SUITE 107 Enter Florida street address				
	BOCA RATON		, Florida 33432			
		City	Ziş	p Code		
New Registered Agent's Signature, if changing						
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete p istered agent as pr registered office a	erformance of my divovided for in Chapte	uties, and I am Jamio er 605, F.S. Or, if thi	iar wiin a is docume	ina	?

H230002338803
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

Title	<u>Name</u>	Address	Type of Action
MGR	SOLIS, CAMILO J	1904 S. OCEAN DRIVE APT #1703	□Add
		HALLANDALE, FL 33009	■ Remove
			□ Change
MGR	AXEL, CONRADO T	1904 S. OCEAN DRIVE APT #1703	
		HALLANDALE, FL 33009	■Remove
			(]Change
			□Add
			2023 :@Remo@
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			□Remove
			Change
			□Add
			□Remove
			□ Change

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. If amending any other informat	don, enter change(s) here: (Attach additional sheets	s, if necessary.)
		2023 J
		2023 JUL -5
		AM 9: 33
		<u>୍</u> ଦିନ ଅ
Note: If the date inserted in this bl. document's effective date on the Di	t be specific and cannot be prior to date of filing or more than 90 took does not meet the applicable statutory filing requirem	MERITS, TRIS CLATE WITH HOT DE TISTEC AS LITE
ILINE 30TH	2023	
Dated	Signature of a member or authorized representative of a member	et
CAMILO J SOLIS		
<u></u>	Typed or printed name of signee	

Filing Fee: \$25.00