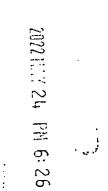
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COVER LETTER

Division of Corporations YOYA"S CLOSET, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: 🛎 \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Street Address:

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

YOYA'S CLOSET, LLC

2022 NAY 24 PM 6: 26

(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears	s on our records.)	
(A riorida £.ir	mited Liability Company)	ì	
The Articles of Organization for this Limited Liability Com Florida document number 1.22000204208	ipany were filed on $\frac{04/2}{-}$	29/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	I liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	ffice address on our re	cords, <u>enter the nam</u>	e of the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:		
I hereby accept the appointment as registered agent and	l agree to act in this co	apacity. I further agi	ree to comply with th

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YANELYS ECHEVARRIA	C.VA;;E DEL SILENCIO 61, L. VALLE ESCONDIDO	
		ATIZAPAN DE ZARAGOZA, MX 52930 MX	□Add
		ATIZATAN DE ZARAGOZA, NA 32930 NA	□Remove
			= Change
MGR	Yoanna Diaz	11180 WEST FLAGLER ST STE 2	□Add
		MIAMI, FL 33174	
		 -	□Remove
		 	@Change
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	ding any other information, enter change(s) he	
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<u>ote:</u> lf t	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be pri- the date inserted in this block does not meet the appl t's effective date on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (icable statutory filing requirements, this date will not be listed as t ds.
record sp is filed.	specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	5/25	
	,	thorized representative of a member
	Joanna Dia - Typed or prin	