## 22000 255623

(Requestor's Na	me)
(Address)	
(Address)	<u> </u>
(City/State/Zip/F	hone #)
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PICK-UP WAI	T MAIL
(Business Entity	Name)
(Document Nun	ber)
Certified Copies Certifi	cates of Status
Consist to standing to Filling Office	
Special Instructions to Filing Office	<u>:</u>
Office Us	e Only

A. RIVERS

JAN 1 2 7005



10 to Need 17.5-1795 ++25.00

## COVER LETTER

TO: Registration Section Division of Corporations		74
YO & LITRANSPORT	LLLC.	•
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Amendmen	and fee(s) are submitted for filing.	
Please return all correspondence con-	cerning this matter to the following:	
DAYSI	NOVA	
	Name of Person	
	Firm/Company	
1084 SV	ESTAUGH AVE	
	Address	
PORT S	T LUCIE F1. 34953	
dnyvanii	City/State and Zip Code	
- CHVSCIVE	E-mail address: (to be used for future annual report notification)	
For further information concerning th	is matter, please call:	
DAYSI NOVA	786 3036525	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following		
	(additional copy is enclosed) Certified C	of Status &
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section as Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 819	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YO & LITRANSPORT LLC

(Nai	ne of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for the	 iis Limited Liability Company v	were filed on 06/03/2022	and assigned
Florida document number L22000.	255623		
This amendment is submitted to an			
A. If amending name, enter the	new name of the limited liabil	lity company here:	
The new name must be distinguishable as	d contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices addr	ess, if applicable:		
(Principal office address MUST L	E A STREET ADDRESS)		
Enter new mailing address, if ap	plicable:		
(Mailing address MAY BE A POS	T OFFICE BOX)		
B. If amending the registered agagent and/or the new registered		ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered	Agent:	<u></u>	<u> </u>
New Registered Office A	(ddress:		76 - 17
New Registered Willee I	equicas.	Enter Florida street address	
		, Floric	
		City	" Zip Code
New Registered Agent's Signature			
I hereby accept the appointment provisions of all statutes relative accept the obligations of my pos- being filed to merely reflect a ch company has been notified in wi	e to the proper and complete pition as registered agent as panage in the registered office of	performance of my duties, and I rovided for in Chapter 605, F.S	am familiar with and . Or, if this document is
	If Chan	ging Registered Agent, Signature of No	ew 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LISET TORRES MARTINEZ	555 4 TH ST LOT 34	□ Add
		VERO BEACH, FL 32962	□ Remove
			= Change
AMBR	YOANDRI GONZALEZ ZAYAS	555 4 TH ST LOT 34	
		VERO BEACH, FL 32962	□Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□ Change
			□Add
			□Remove
			□ Change

~~		nation, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	If the date inserted in this	be date of filing:
the recordecord is fi		tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	OCTOBER 14	, 2022 July C
		Signature of a member or authorized representative of a member
	YOANDRI GONZAI	EZ ZAYAS
		Typed or printed name of signee