Florida Department

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAP GLOBAL CORP Account Number : I20200000134 Phone : (786)270-6393 Fax Number : (786)359-4086

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YVMM LLC

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COVER LETTER

TO:	Registration Se Division of Cor			*
0.00			YVMM LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			MARIA A OCANDO	
			Name of Person	
			MAP GLOBALCORP	
		**************************************	Firm/Company	
			8813 W 35TH AVE	
			Address	***************************************
			HIALEAH, FL 33018	
			City/State and Zip Code	
			mapglobalmiamicorp@gmail.com	
		E-mail address: (to be used for future annual report not	ification)
For fu	rther information c	oncerning this matter, please c	all;	
MAR	ua alejandra	OCANDO .	786 270-6393	
	Name o	f Person		ne Telephone Number
Enclos	sed is a check for t	ne following amount:		
≡ \$2	25.00 Fiting 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 5		Street Address: Registration Se	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632 Tallahassee		The Centre of 1	Fallahassee se Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08:01/2022 and assigned Florida document number L22000337518 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: MARIA A OCANDO New Registered Office Address: Enter Florida street address Florida 330122		YVMM LLC		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: MARIA A OCANDO S813 W 35TH AVE Enter Florida street address Registered address Register	(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
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HIALEAH Florida street address Florida 3301 62 60	Name of New Registered Agent:	MARIA A OCANDO	· · · · · · · · · · · · · · · · · · ·	
HIALEAH Florida 3301 CO	New Registered Office Address:			8 FA
				301€7 8 Do
Taging - Parameter - Taging - Taging - Parameter - Taging -		City		Zip Code

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.

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>	Name	Address	Type of Action
AMBR	YELITZA V MELEAN	3550 NW 83RD AVE APT 213	■Add
		DORAL , FL 33122	
AMBR	JOSE M NEGRON	3550 NW 83RD AVE APT 213	
		DORAL, FL 33122	
			Change
AMBR	DIANA C NEGRON	3550 NW 83RD AVE APT 213	= Add
	DORAL, FL 33122	Remove	
		☐ Change	
			□Add
			Remove
			☐ Change
			🗆 Add
		□Remove	
			☐ Change
	alan ta Cara di Anna da Anna d		⊡Add
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	os/15/2022 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
the recor	rd 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 led.
Dated	August 15 2022