

Florida Department of State
Division of Corporations
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L22000337518

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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.****

Email Address: mapglobalmiamicorp@gmail.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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AUG 19 2022
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: YVMM LLC
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:

MARIA A OCANDO
Name of Person
MAP GLOBALCORP
Firm/Company
8813 W 35TH AVE
Address
HALEAH, FL 33018
City/State and Zip Code
mapglobalmiamicorp@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ALEJANDRA OCANDO 786 270-6393
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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**

YVMM LLC

(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 "L.L.C."

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 registered agent and/or the new registered office address here:

Name of New Registered Agent: MARIA A OCANDO

New Registered Office Address: S813 W 35TH AVE

Enter Florida street address

HIALEAH

City

Florida

33018

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	YELITZA V MELEAN	3550 NW 83RD AVE APT 213	<input checked="" type="checkbox"/> Add
		DORAL , FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE M NEGRON	3550 NW 83RD AVE APT 213	<input type="checkbox"/> Add
		DORAL, FL 33122	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIANA C NEGRON	3550 NW 83RD AVE APT 213	<input checked="" type="checkbox"/> Add
		DORAL, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 15 2022

Signature of a member or authorized representative of a member