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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporation					
SUBJECT: YEYRE	sto ServiceLLC	,			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Yadisleidys	Sanfies Leban Name of Person	 		
	J(J	Firm/Company			
	5667 Mead			22 AUG	14101014.0
	Lakeland	FL 338/0 City/State and Zip Code		22 AUG 19 PH12: 29	of Composition
	resfoser ui cell E-mail address: (to be used for future annual report notif	ication)	: 29	
For further information conc	cerning this matter, please c	rall:			
Junier Resto Name of Po	Sanchez.	at (<u>8/3</u>) <u>678 72</u> Area Code Daytime	290 : Telephone Number		
Enclosed is a check for the f	following amount:				
⊠ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	us &	
Mailing Address:		Street Address:			

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

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

YEY Restose (vice/10		
YEYResfose(VICO//C (Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200035</u> 2763	, .	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial VE Besto Sorvice at The new name must be distinguishable and contain the words "Limited Liab	110	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N
(Principal office address MUST BE A STREET ADDRESS)		2 A
		H (9 PM
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the 1	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	•
 -	City	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

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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			□ Remove: 2 AU Clark (All) 19 -
			□Change
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tive date, if other than the date flective date is listed, the date must be spe i. If the date inserted in this block doment's effective date on the Departn	ecific and cannot be process not meet the app	nor to date of fi dicable statut	ling or more than 9 ory filing require	(optio 0 days after f ments, this	iling.) Pursuant to 60
ord specifies a delayed effective date. Aled.	but not an effective	e time, at 12:0	01 a.m. on the ca	rlier of: (b)	The 90th day after
1_Aug 16		= ·			