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COVER LETTER

TO: Registration Se Division of Cos		
YINIERIC SUBJECT:	CK TECH LLC	
SUBJECT:	Name of Limited Liability Company	_
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	pondence concerning this matter to the following:	
	YINI CARRIELO	
	Name of Person	
	YINERICK TECH	
	Firm/Company	
	716 SW 5 ST	
	Address	
	FLORIDA CITY, FL 33034	
	City/State and Zip Code	
	YINERICKTECH@GMAIL.COM	_
For further information of	E-mail address: (to be used for future annual report notification) concerning this matter, please call:	
YINI CARRILLO	305 2138293	
Name o	of Person Area Code Daytime Telephone Num	aber
Enclosed is a check for the	the following amount:	
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) Certificate Certificate of Status Certified Copy (additional copy is enclosed)	D Filing Fee, ficate of Status & fied Copy onal 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

YINIERICK TECH LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L22000384570	vere filed on SEPTEMBER 01,2022 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
YINERICK TECH LLC		
The new name must be distinguishable and contain the words "Limited Liability	y 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 adagent and/or the new registered office address here:	SECRETARY OF STATE STATE SECRETARY OF STATE STATE STATE STATE SECRETARY OF STATE SECRETAR	ナートにし
Name of New Registered Agent: New Registered Office Address:	Enter Florida strfet address Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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	Name	Address	Type of Action
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			C?Remove
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Effective date, if other than the date of filing: (Optional) (If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date as delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated JANUARY 20 2023 Signature of a member or authorized representative of a member			
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Signature of a member or authorized representative of a member	Dated	2023	
Signature of a member or authorized representative of a member		R	
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Page 3 of 3

Filing Fee: \$25.00