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| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|---|
| | DLUTIONS LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | YARIS E VALE VILLAN | IIZAR | |
| | | Name of Person | |
| | YARIS SOLUTIONS LLC | | |
| | | Firm/Company | |
| | 8077 NW 112TH TERRA | CE | |
| | | Address | |
| | PARKLAND, FL 33076-4 | 8 | |
| | - | City/State and Zip Code | |
| | CAROWRIG28@GMAIL. | COM to be used for future annual report noti | (17 |
| For further information of | concerning this matter, please c | · | incarrary. |
| YARIS E VALE | | 754 303-3269 | |
| Name c | of Person | at () Area Code Daytim | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: Registration Sec | ction |
| Division of C | Corporations | Division of Cor | porations |
| P.O. Box 632 | 27 | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| YARIS SOLUTIONS LLC | | | |
|---|--|------------------------------|--|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company | were filed on 11/14/2022 | and assigned | |
| Florida document number L22000486760 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | |
| YARIS'S SOLUTIONS LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liab" | ility Company," the designation "LLC" or the a | bbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| • • • | 80777 NW 112TH TERRACE | | |
| (Principal office address MUST BE A STREET ADDRESS) | PARKLAND, FL 33076 | | |
| | | | |
| Enter new mailing address, if applicable: | N/A | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | . 2 | |
| | | 2023 SE | |
| B. If amending the registered agent and/or registered office | address on our records, enter the par | | |
| agent and/or the new registered office address here: | | 3 2! | |
| | | SSE - 171 | |
| Name of New Registered Agent: N/A | | | |
| No. 10 a land 4/207 A LI | | - E55 & | |
| New Registered Office Address: | Enter Florida street address | - 출하 & | |
| | . Florida | | |
| | City: | Zin Cada | |

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|-------------|-------------|----------------|
| N/A | N/A | N/A | □Add |
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| | | 01/01/20 | 23 | | |
| Note: If the date i | inserted in this block | e of filing: specific and cannot be pridoes not meet the app timent of State's record | licable statutory filing i | (optiona e than 90 days after filir requirements, this da | l) og.) Pursuant to 605.0207 (3) te will not be listed as the |
| f the record specifies a ecord is filed. | ı delayed effective da | te, but not an effective | e time, at 12:01 a.m. on | the earlier of: (b) | The 90th day after the |
| Dated FEBRUAR | Y 17TH | 2023 | | | |
| | | Yans/ | Ma | | |
| | Sign | nature of a member or or | the representative of | a member | |

Filing Fee: \$25.00

Typed or printed name of signee