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COVER LETTER

TO:

TO: Registration Se Division of Cor					
	YAMY AUT	O TRANSPORT LLC			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
		Alan Martinez			
		Name of Person		-	
		Simplex Group			
		Firm/Company		- 	
	750	0 NW 52ND ST, Suite 100			:
	-	Address		- 1	:
		MIAMI FL 33166			(
		City/State and Zip Code		– I f ,	:
	corps@simplexgroup.net E-mail address: (to be used for future annual report noti	fication)	r [:] :	·' ĭ
For further information c	concerning this matter, please e			;	•
Alan Martinez		305 5998287			
Name o	f Person		e Telephone Numbe	;r	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Statu	
Mailing Addres Registration S		Street Address: Registration Se	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro		810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YAMY AUTO TRANSPORT LLC		
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number	01/23/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company l	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the	he 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:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		į ,
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, <u>enter the i</u>	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
Enter F	lorida 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 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
Manager	Noel Gelel	11090 SW 37th ST MIAMI FL 33165	= Add
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ffective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or magnetic file. If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(option nore than 90 days after f ag requirements, this	iling.) Pursu	ant to 605 ot be list
record specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier of: (b)	The 90th	day afte
J is filed.			
Dated March 17th 2023			
	of a member		

Filing Fee: \$25.00