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(	Requestor's Name)	
(	Address)	
(	Address)	<del></del> -
(	City/State/Zip/Phone #)	<del></del>
PICK-UP	☐ WAIT	MAIL
(	Business Entity Name)	
	Document Number)	
(	pocument number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
	J. HORNE FEB <sub>1 2 2024</sub>	
	FEB 1 2 2024	





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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations		
SUBJECT:	Ymg mutiservies Name of Lin	LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	<u> </u>	Name of Person	
		Firm/Company	<del></del>
	2162 SW	98th	
		Audiess	
	Miami Fl	33165 City/State and Zip Code	
	Filhomes E-mail address: (	plutionall c egmail. corr to be used for future annual report noti	fication)
	n concerning this matter, please c	all:	
<u> Yumel</u> Nam	c of Person	at ( <u>785</u> ) <u>719-2</u> Area Code Daytim	(087) c Telephone Number
Enclosed is a check fo	r the 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 Status & Certified Copy (additional copy is enclosed)
Mailing Add Registration Division of P.O. Box 6	n Section *Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONS OF

YMG MULT ISERVICES (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

<del></del>	City		Zip Code
	ianer i	Florida	
New Registered Office Address:	Enter F	orida street address	
Name of New Registered Agent:			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our	records, <u>enter the na</u>	ame of the new registered
		·	
(Mailing address MAY BE A POST OFFICE BOX)			
Enter new mailing address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the	designation "LLC" or the	abbreviation "L.L.C."
A. If amending name, enter the new name of the limited li  Gil Home Solutions  The new name must be distinguishable and contain the words "Limited Lia"			
This amendment is submitted to amend the following:			
Florida document number	ny were med on _		and assigned
The Articles of Organization for this Limited Liability Compa	ny were filed on	02/20/23	and assigned

## 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
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			Remove
			□Change
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			Remove
			□ Change

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(If an effect Note:   If	e date, if other than the date of filing:
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 19th . 2024.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Yuniel Gil Typed or printed name of signee