L23000118975

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
YMS CAPI	TAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LIVAN PAMPILLO		
		Name of Person	
	SMART ACCOUNTING	SOLUTIONS, INC	
		Firm/Company	
	6009 S. ORANGE AVE, U	JNIT 6021A	
Address			
	ORLANDO, FL 32809		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	iffication)
For further information e	oncerning this matter, please ca	all;	
LIVAN PAMPILLO		407 203-4593	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 ! Division of C		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	HLAND AVE NT, FL 34711 our records, ent	PR 6: 22

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Remove
			□Change
			
			□Remove
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E. Effective date, if other than ((If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be shock does not meet the ap	prior to date of filing or more the opticable statutory filing required	(optional) an 90 days after filing.) Pursuant to 605.0 uirements, this date will not be listed	(207 (3)(t I as the
f the record specifies a delayed effer ecord is filed.	ctive date, but not an effecti	ve time, at 12:01 a.m. on th	e earlier of: (b) The 90th day after t	the
Dated APRIL 1	2023			
Dated		·		

Typed or printed name of signee

COVER LETTER

TO:		on Section f Corporations					
YMS SUBJECT:		CAPITAL LLC					
3000	<u> </u>	Name of Lii	nited Liability Company				
The enc	losed Articl	es of Amendment and fee(s) are su	bmitted for filing.				
Please r	eturn all cor	rrespondence concerning this matte	r to the following:				
		LIVAN PAMPILLO	LIVAN PAMPILLO				
			Name of Person				
		SMART ACCOUNTING	SOLUTIONS, INC				
			Firm/Company				
		6009 S. ORANGE AVE,	UNIT 6021A				
			Address				
		ORLANDO, FL 32809					
			City/State and Zip Code				
		E-mail address:	(to be used for future annual report noti	fication)			
For furt	her informat	tion concerning this matter, please	call:				
LIVAN	PAMPILLO	o	407 203-4593				
	N	ame of Person	at () Area Code Daytim	e Telephone Number			
Enclose	d is a check	for the following amount:					
■ \$25	.00 Filing F	ee ☐ \$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 A	ddress:	Street Address:	ation			

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

YMS CAPITAL LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 03/07/2023 and assigne
Florida document number L23000118975	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	172 E HIGHLAND AVE
(Principal office address MUST BE A STREET ADDRESS)	CLERMONT, FL 34711
Enter new mailing address, if applicable:	172 E HIGHLAND AVE
(Mailing address MAY BE A POST OFFICE BOX)	CLERMONT, FL 34711
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new re</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Ziv 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
			
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<u>_</u>			□ Add
			□Remove
			□ Change

D. If amending any other infe	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
Note: If the date inserted in t	n the date of filing: (optional) te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(his block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
If the record specifies a delayed ef record is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated APRIL 1	
	A CONTRACTOR OF THE PARTY OF TH
	Signature of a member or authorized representative of a member
YINA FRASURE	

Typed or printed name of signee