L23000193954

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(Document Number)
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To the Control of the Section (

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COVER LETTER

TO:	Registration Sec Division of Corp			₫·
		DEV LLC		,
SUBJE	CCT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub-		
ricase	return an correspon	WALID A		
			Name of Person	
		Y & A D	EV LLC	
			Firm/Company	······································
		6642 NW 103I	RD PARKWAY	
			Address	
		DORAL,	FLORIDA, 33178	
		•	City/State and Zip Code ud@gmail.com to be used for future annual report no	
r				o(meation)
For fur	walid abbo	oncerning this matter, please caud	305 518-	
	Name of	Person	at () Area Code Dayt	ime Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 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 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

Y & A DEV LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were	filed on 4/19/2023	and assigned
Florida document number <u>L23000193954</u>		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
MIAMI MONITORING LLC		
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
	_ .	<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		23.2 63
	.	
3. If amending the registered agent and/or registered office addres gent and/or the new registered office address here:	ss on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Floric	da

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
			□Adđ
			Remove
			□Change
			□ Add
			∐Remove
		·	
			[Remove
			□ Change
			□Rcmove
			□ Change
			□Add
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			□Change
			□Remove
			□Change

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s grappe	
(If an effect <u>Note:</u> If	date, if other than the date of filing:
the record s cord is filed	pecifies 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	09/17/2024
	Signature of a member or authorized representative of a member
	UAUO ABBOUD - Typed or printed name of signee

TYPE TO COST AN