L23000239851

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
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COVER LETTER

TO:	Registration Se Division of Cor			*	
SUBJE(AL INVESTMENT LLC	,		
SUBJE	CI:	Name of Lin	nited Liability Company	 	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ndence concerning this matter	to the following:		
		ROSARIO GUTIERREZ			
		·	Name of Person		
		TAX FAST SOLUTIONS	@GMAIL.COM		
			Firm/Company		
		4491 NW 36TH ST STE I	3		
			Address	7 75	
	MIAMI SPRINGS, FL 33166				
		<u> </u>	City/State and Zip Code	: T	
		TAXFASTSOLUTIONS@			
		E-mail address: (to be used for future annual report notification)		
For furtl	ner information co	oncerning this matter, please c	all:	· က္ က	
ROSAR	do Gutierrez	:	786 380-3285	(1)	
	Name of	Person	Area Code Daytime Telephone	Number	
Enclosed	d is a check for th	e following amount:			
⊠ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	
	Mailing Address		Street Address:		
	Registration S Division of Co		Registration Section		
	P.O. Box 632		Division of Corporations The Centre of Tallahasse		
	Tallahassee. F		2415 N. Monroe Street S		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YP GLOBAL INVESTMENT LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on MAY 16,2023	and assigned
Florida document number L23000239851		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		5. M2.
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		27
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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 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>	Name	Address	Type of Action
AMBR	YULIER POLO	225 NAHKODA DR	🗆 Add
		MIAMI SPRINGS, FL 33166	ZRemove
			□Change
P	YULIER POLO	225 NAHKODA DR	₩ Add
		MIAMI SPRINGS, FL 33166	□Remove
			□Change
			☐Change
			v. + □Add
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fective date, if other than the din effective date is listed, the date must	late of filing:		(option	al)
ite. If the date inserted in this bloc	ck does not meet the application	cable statutory filing re	cquirements, this d	late will not be listed
cument's effective date on the Dep	partment of State's records	i.		
ecord specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after t
OCTOBER 20	2023			
A-	,	 :		
777				
	ignature of a member or auth	orized representative of	nember	 .