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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/29/23

NAME: YCP HAULING LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

PUHA

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: YOP HOUTING LLC  Name of Limited Lability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MUNICY Pena (ala Nume of Person
YCP Having LLC Firm/Company
19956 NW Sto Avel
MIQMI GAYDENS FL 33055 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VUNTEY PENA COLA at 786 431-8987 Name of Person Name of Person Name Telephone Number
_ •
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee Scrifficate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  S55.00 Filing Fee Scriffied Copy (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

### FILED

## ARTICLES OF AMENDMENT TO

2023 JUN 29 AM II: 07

# ARTICLES OF ORGANIZATION OF THE STATE OF STATE

The Articles of Organization for this Limited Liability Company were filed on \$\frac{15\30\23}{20}\$ and assigned Florida document number L23000 243514. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 19956 NW 56 AV Enter new principal offices address, if applicable: Miami Gardence 5 3305T (Principal office address MUST BE A STREET ADDRESS) 19956 NW 56 AVE Enter new mailing address, if applicable: Miami Gardens & 33015 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 19956 NW SG AVE New Registered Office Address: MIAMI GARDEN 

#### 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

Litte	Name	Address	Type of Action
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Dated	06/28/23
	Signature of a member or authorized representative of a member
	YUNILY FLNA CALA  Typed or printed name of signee

Filing Fee: \$25.00