L23000293294

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SECRETARY OF SHALE.
ALLAHASSEE FERNALE.



COVER LETTER

TO:

TO: Registration Se Division of Cor					
	ERNATIONAL, 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:			
	YASSAR SOUEIDAN				
		Name of Person			
		Firm/Company	 		
	124 MENDOZA AVENUE, UNIT 9				
		Address			
	CORAL GABLES, FL 331	134			
		City/State and Zip Code			
	MARY@GAF-LAW.COM	· · · · · · · · · · · · · · · · · · ·			
For further information c	e-mail address: (to be used for future annual report no all:	tification)		
YASSAR SOUEIDAN		305 567-2499 at ()			
Name o	f Person	Area Code Daytii	me 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 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:	antion		
Registration S Division of C		Registration So Division of Co			
P.O. Box 632		The Centre of			
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Y A Y INTERNATIONAL , LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 06/19/2023	and assigned
Florida document number L23000293294		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		TALL
		ASSI Vikh
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		22 1
		Dr: 2
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	iddress on our records. <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR,M	YASSAR SOUEIDAN	124 MENDOZA AVENUE #9, CORAL GABLES F	L ≣Add
			□Remove
MEMBEI	RODRIGO ENCINALES	124 MENDOZA AVENUE #9. CORAL GABLES F	L ≣Add
			□Remove
			□ Change
	<u></u>		🗆 Add
			🗆 Change
			□Add
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	st be specific and cannot be prior to date of filing or n lock does not meet the applicable statutory filir	
ecord specifies a delayed effecti s filed.	ve date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after the
ed	2023	
	. ,	

Filing Fee: \$25.00