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Account Name

: GULATI LAW

Account Number : I20130000014

Phone

: (407)900-5054

Fax Number

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YAA & LLL, LLC

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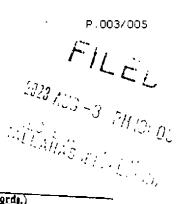
K. SALY

AUG - 4 2023

## **COVER LETTER**

	gistration S vision of Co			
SUBJECT:	YAA & LI	LL, LLC		
debuger.		Name of Li	mited Liability Company	<del></del> -
The enclosed	l Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return	all correspo	ondence concerning this matte	r to the following:	
		Sarah Gulati, Esq.		
			Name of Person	
		Gulati Law, P.L.		
			Firm/Company	
		479 Montgomery Place		
			Address	
		Altamonte Springs, Florid	a 32714	
			City/State and Zip Code	
		Office@gulatilaw.com		
T 6	<b>.</b>		(to be used for future annual report notif	ication)
ror turther in	iormation c	oncerning this matter, please of	zali:	
Sarah Gulati,	Esq. of Gul	ati Law, P.L.	407 900-5054 at( )	
	Name of	f Person		: Telephone Number
Enclosed is a	check for th	e following amount:		
<b>岩 \$2</b> 5.00 Fi	ling Fee	S30.00 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
	ing Address istration S		Street Address: Registration Sec	tion
Divi	sion of Co	orporations	Division of Corp	oorations
	Box 632' ahassee, F	•	The Centre of Te	allahassee Street, Suite 810
			Tallahassee, FL	

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



YAA & LLL, LLC.

(Name of the Limited Lieblie Co.	<u></u>
(Name of the Limited Liability Company as (A Florida Limited Liability The Asticles of Company as	it now appears on our records.)
The Articles of Organization for this Limited Liability Company were Florida document number L23000336787	filed on 07/17/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Com Enter new principal offices address, if applicable.	<u></u>
Timited Liability Com	many," the designation "I I o"
	or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	
3. 76 a 11	
B. If amending the registered agent and/or registered office address ( sent and/or the new registered office address here:	on our records, enter the name of the new register-
	Texter in the second se
Name of New Registered Agent:	
New Registered Office Address:	
E.	nter Florida street address
City	Florida
Chy Registered Agent's Signature, if changing Registered Agent:	Zip Code
erehy accent the annual series 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.

08/63/2023 10:35 (FAX) P.004/005

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address or removed from our records:

MGR = Manager AMBR = Authorized Member

Title  AMBR	Name YOHANDY A. RODRIGUEZ	Address 479 Montgomery Place,  Altamonte Springs, Florida 32714	
AMBR	LUIS M. LEAL LEMUS	479 Montgomery Place,	B Change
		Altamonte Springs, Florida 32714	_
***************************************			ORemove  Change  OAdd  Remove
			□Add
			DChange

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e record specifies a delayed effect rd is filed.	ve date, but not an effe	ctive time, at	12:01 a.m. on th	e carlier of: (b)	The 90th day after the
Dated August 2,	2023	·			
Dated August 2,	2023  Signature of a member	DE DE			