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CALCARACSES SECTION

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COVER LETTER

TO: Registration Se Division of Cor			•
SUBJECT:	Online EXP Name of Lim	YPSS LLC ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mike C	Hayes Sr. Name of Person	
		Firm/Company	
	109 NW 7	7th 5t Address	
	Miami, F	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report noti	fication)
	oncerning this matter, please co		
Mike Cl-	layes Sr.	at (305) 608- Area Code Daytim	3398 c Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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

(A Florida Limit	ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number 123000435271 .	any were filed on $9 - 19 - 2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2023 s
(Mailing address MAY BE A POST OFFICE BOX)	77 P
	A A 13
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u> ట రా
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	Mike CHOYES.	109 NW 27th St	(<u>D</u> /Add
		Miami Fl 33127	[]Remove
			Change
MGR	Vanessa Bazelais	142 Sw 18th Ave AP+36	[\$\forall \text{Add}
		Miami F1 33135	□Remove
			□Change
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record specifies a Lis filed.								
l is filed.	ember Z	21	<u> 2023</u>	_ •				

Filing Fee: \$25.00