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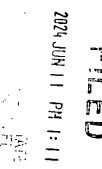
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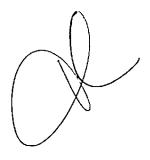
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations					
E-FILLING SUBJECT:	FORMS BY YAYI, LLC					
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	indence concerning this matter	to the following:				
	YANET MENDEZ CASII	F				
		Name of Person		-		
	E-FILLING FORMS BY Y	YAYI, LLC				
		Firm/Company		-		
	4360 SW 2ND TER					
		Address		-	2	
	CORAL GABLES, FL 33	134			2024 JUN 1 1 PM 1:	• 71
City/State and Zip Code					≥	النمرة إ
	YAMECA71@GMAIL.CC					(Tare)
	E-mail address: (to be used for future annual report notifi	cation)		H	, market
For further information c	oncerning this matter, please ca	all:		13.7	···	
YANET MENDEZ CAS	SIT	786 6300626		1 + :	_	
Name o	f Person		Telephone Numbe	r		
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Stat	us &	
Mailing Address Registration Division of C	Section Corporations	Street Address: Registration Sec Division of Corp	porations			
P.O. Box 631	77	The Centre of T	allahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E-FILLING FORMS BY YAYI, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000533829</u>	rganization for this Limited Liability Company were filed on 02/08/2024 number L23000533829	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limits	ed liability company here:	
eFILING FORMS BY YAYI LLC		. 21
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	ne abbreviation 2.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Trincipui office unavess in ogrania in in incipui		. <u> </u>
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 agent and/or the new registered office address here:	office address on our records, enter the I	name of the new register
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
			DAdd
			□Remove
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<u></u>			□Add
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Filing Fee: \$25.00