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COVER LETTER

TO: Registratio Division of	on Section Corporations		
Yoke V	Vest Holdings LLC		
SUBJECT:	Name of Li	imited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	abmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
	Josh Klebanoff		
		Name of Person	
		Firm/Company	
	5543 La Gorce Dr.		2025 APR
		Address	:-, AU
	Miami, FL 33140		PR - 1 PM
		City/State and Zip Code	P# 4: 44
	josh@yoketransport.com		-
	E-mail address	: (to be used for future annual report notification)
For further informati	on concerning this matter, please	call:	
Robert Streit		954 637-3713 at ()	
Na	me of Person	Area Code Daytime Telep	hone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	e □ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	2 S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Division of	on Section of Corporations	Street Address: Registration Section Division of Corporation	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y Company as it now appears on our records Limited Liability Company)	
ompany were filed on 3/18/2025	and assigned
·	
ted liability company here:	
ted Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
ESS)	
	<u> </u>
office address on our records, <u>enter t</u>	he name of the new regist
Enter Florida street address	
	rida
	ted liability company here: ted Liability Company," the designation "LLC" ESS) Enter Florida street address

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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
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		,	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		·	□Add
			□Remove
			□ Chanan

Typed or printed name of signee