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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co	ection rporations	•	
Yo Hon	ne Boy LLC	·	•
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are su	omitted for filing.	
Please return all correspondent	ondence concerning this matte	to the following:	
	Kevin Coomer		
		Name of Person	
	Yo Home Boy LLC		
		Firm/Company	
	5922 Phoebenest Drive		
		Address	
	Lithia, FL 33547	•	
		City/State and Zip Code	
	kevincoomer44@gmail.c		
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Kevin R Coomer		206 303-8850	
Name o	f Person		e Telephone Number
Enclosed is a check for th	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 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addwae	o.	6	

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

Yo Home Boy LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/05/21 Florida document number L21000479094 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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: (Mailing address MAY BE A POST OF FICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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.

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
			□Remove
			□Change
			
			Remove
			□Change
			□Add
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Affective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	be specific and each could be specific and each could be specified and each could be specified as the specific and each could be specified as the	nnot be prior to o	date of filing or me e statutory filing	(op) ore than 90 days aft g requirements, th	tional) er filing.) Pursuant t nis date will not be	o 605.0207 c listed as
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record specifies a delayed effective d is filed.	date, but not ar	i effective time	, at 12:01 a.m. c	n the earlier of: ((b) The 90th day	after the
record specifies a delayed effective		2021	, at 12:01 a.m. c	n the earlier of: (b) The 90th day	arter the
record specifies a delayed effective d is filed. Dated 11/22/21		2021	at 12:01 a.m. c		b) The 90th day	arter the