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(Requestor's Name)	
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08/16/24

COVER LETTER

TO: Registration Section

Division of Cor	rporations		
42.318 OP:	SILC		
SUBJECT:		···	
	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ondence concerning this matter	to the following:	
	MICHAEL AVERBUCH		
		Name of Person	
		Firm/Company	
	8437 TUTTLE AVE #407	, ,	
		Address	
	SARASOTA, FL 34243		1 3
	m.averbuch@yahoo.com	City/State and Zip Code	0:07
	E-mail address: (to be used for future annual report noti	fication)
or further information c	oncerning this matter, please c	all:	
MICHAEL AVERBUCH	-	941 404-9928	
		at ()	e Telephone Number
Name o	f Person	Area Code Daytim	e Telephone Number
inclosed is a check for the	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 Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	-
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

42.318 OPS LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u> YHC HOLDINGS LLC	mited liability company here:	
The new name most be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADI		
		·
		: : : :
Enter new mailing address, if applicable:		· ' :: :: :: :: :: : :: : : : : : : : :
(Mailing address MAY BE A POST OFFICE BOX)		1. 1
B. If amending the registered agent and/or register agent and/or the new registered office address here		e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florie	da
	City	da 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 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>	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			Add
			□Remove
			Change
			Change
			Remove
			□Change
			Remove
			DAdd
			□Remove
			□ Change

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			07
ective date, if other than the	e date of filing:	to date of filing or more than 90 (_ (optional) lays after filing.) Pursuant to 605.02
e: If the date inserted in this b	slock does not meet the applica Department of State's records.	able statutory filing requirem	ents, this date will not be listed
cord specifies a delayed effecti filed.	ve date, but not an effective tii	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after th
August 13	2024		

Typed or printed name of signee