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7. EVACACHTOSA

COVER LETTER

TO: Registration Section
Division of Corporations

T. Your Biz Solutions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elyah Alon

Name of Person

Your Biz Solutions, LLC

Firm/Company

4846 N University Drive #357

Address

Lauderhill, Florida 33351

City/State and Zip Code

contact @geniusbusinesssolutions.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elyah Alon

__347、417 2092

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Your	Biz Solutions, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>'ds.</u>)	
The Articles of Organization for this Limited Liability Florida document number <u>し 1 3000 (326</u>	Company were filed on 09.19.	2013 and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the li		2013 OCT	
The first the fi	mired habitely company note.	1 production of the second of	
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company," the design	nation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		원규. 28	
(Principal office address MUST BE A STREET ADI	DRESS)	,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	r.,rl. +1	and address	
	Enter Florida street address		
	, Flor	rida 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name** <u>Address</u> **Type of Action** 41846 N. Universit M6RM YAH ALON ANDEHILL, FL. 33351 MORM TRIVERITY, LLC. ste 490-1046 [Remove Remove Remove Remove

f a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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ted_	09.24 , 2013.
	Signature of a member or authorized representative of a member
	ELYAH ALON
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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