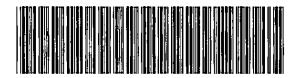
L13000148143

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
subject: <u>NYS</u>	Micmi Dock, William Name of Limi	YES YOUTH OUTYOUT L ited Liability Company	Ц
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Ashley</u>	Name of Person	
		Firm/Company	
	1317 Waterforc	1 COK Dr. Apt 304	
	<u> </u>	FL 39898 City/State and Zip Code	
	O. TUTTO (C)	COCC SIJE ING to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
ASHRY TUY	f Person	at (<u>305)</u> <u>720 -</u> Area Code Daytime	8781 e Telephone Number
Enclosed 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	s:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314

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

NYS MIGHT DCCC Williams (Name of the Limited Liability Compa) (A Florida Limited L.)	ny as it now appears on our records.) Adability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000148143</u> .	were filed on $\frac{10 21 2013}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile. The new name must be distinguishable and contain the words "Limited Liabile."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1317 NONCHOTOVOLCCIK DI: Apt. 304 DVICIOCIO, FL. 32838
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	137 Watriord Cak Dr. Apt 304 Driando, Fl 39898 & 3
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	STATE STATE
	Enter Fiorida street address , Florida Zin 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
·			
			⊐Remove
			□Change
			∃Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			∃Add
			□Remove
			□Change
			□ Add
<u>.</u>			□Remove
			□Change
			
			□Remove
			7 Change

D. If amend	ling any other information, enter change(s) here: (Anach additional sheets, if necessary.)
_	
	· · · · · · · · · · · · · · · · · · ·
_	
(If an effecti Note: If	date, if other than the date of filing:
If the record s record is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	11 22 22 Additional amember of a member of a memb
	ASMELL TUITOCT Typed or printed name of signee