(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



06/29/18--01022--014 **60.00



N. CAUSSEAUX JUL -2 2018

COVER LETTER

TO:		tration Sec on of Corp			
		AH MON	LLC		
SUBJE	.C1: _		Name of Limi	ited Liability Company	
The enc	closed A	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	return a	ll correspor	ndence concerning this matter	to the following:	
			Janise Thompson		
				Name of Person	
			YAH MON LLC		
				Firm/Company	
			3283 Summit Lane		
				Address	
			Lakeland Florida 33810		
				City/State and Zip Code	
			yahmontampa@gmail.com		
For furt	ther infi	ormation co	ncerning this matter, please ca	to be used for future annual report notifi	eation)
Janise 7			meeting and matter, prease at	813 8438883 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a c	heck for the	e following amount:		
\$25	5.00 Fili	ing 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

YAH MON LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on June 23rd @018	and assigned
lorida document number	 -	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	**************************************
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or reg		er the name of the n
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	Florida	
	City	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Andrae Thompson	3283 Summit Lane	
		Lakeland Florida ##810	≅ Remove
			Change
			Add
			☐ Remove
			□ Change
			Remove
			Change Change
			☐ Remove
			Change
			Add
			Remove
			🗀 Change
			Remove
			Change

· · · · · · · · · · · · · · · · · · ·			
			<u>্</u>
		· · · · · · · · · · · · · · · · · · ·	J. H.
			429
	=		PI
			1: 53
		·	<u>5</u>
	 _	<u> </u>	
	-		
ective date, if other than the	date of filing: June 23rd 2	018	(optional)
effective date is listed, the date must e: If the date inserted in this blo	he specific and cannot be prior t	o date of filing or more than 90	days after filing.) Pursuant to 605.0
ument's effective date on the De		wie statuter, ming require	
	affection data to the		17.01
record specifies a delayed he 90th day after the reco		. an effective time, at	12:01 a.m. on the earlie
	2010		
ed	. 2018	- ·	

Page 3 of 3

Filing Fee: \$25.00