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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO:

	egistration Se vivision of Cor			
OUD HEAT	r.		INVESTMENTS LLC	
SUBJECT	r:		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	irn all correspo	ondence concerning this matter	to the following:	
		٨	MARLA COPELAND ESTY	
			Name of Person	
	ABC, LLC DBA EASY TAX AND ACCOUNTING LLC			
	Firm/Company			
	18467 NW US HWY 441, SUITE 70  Address			
HIGH SPRINGS, FL 32655				
			City/State and Zip Code	
			SYTAX@WINDSTREAM.NET	
		E-mail address; (	to be used for future annual report no	otification)
For further	information c	oncerning this matter, please c	all:	•
	MARLA CO	PELAND ESTY	386 454-8959	
	Name o	f Person		me Telephone Number
Enclosed is	s 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)
	lailing Addres egistration S		Street Address:	agtion
	ivision of C		Registration Section Division of Corporations	
P	.O. Box 632	7	The Centre of	•
Т	allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF 2007/00/11 PH 4: 49

YEAGO INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

nter new mailing address, if applicable:  **Tailing address MAY BE A POST OFFICE BOX**  **Tailing address MAY BE A		PO BOX 2066 HIGH SPRINGS, FL 32655	
incipal office address MUST BE A STREI	ET ADDRESS)	SUITE 70 HIGH SPRINS, FL 32643	
nter new principal offices address, if applicable:		18467 NW US HWY 441	
new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.	C."

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

AWIBR - Authorized Wember			2.20 AMO IT BOLL	l I Dec	
<u>Title</u>	<u>Name</u>	Address	2.23 AUG 11 PH L	Type of Action	
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Effect	ve date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
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e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	July 31 2020.
Dated	
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee