L17000019122

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2019 JUL 25 PH 3:

JUL 26 2019 M. SOLOMON Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 7/25/2019

PRIORITY Routine

OUR REF # (Order ID#) 759312

ORDER ENTITY

HT RECON LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

HT RECON LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, July 25, 2019 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited			
The Articles of Organization for this Limited Liability Company	were filed on 1/24/2017	and assigne	èd
Florida document number L17000019122			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
YOMI LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."	*1
Enter new principal offices address, if applicable:	9804 Sanctuary Square Drive, #100		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32832	₽÷. ,	2019
			ھة
	·		=
Enter new mailing address, if applicable:	9804 Sanctuary Square Drive, #100	()	25
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32832	्रा	70
		. 7 %	79
		jan''	55
B. If amending the registered agent and/or registered o	ffice address on our records, enter t	he name of t	the ne
registered agent and/or the new registered office address her	·e:		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_. Florida __

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
			
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			Change
			
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Effective date, if other than the first of the date in the date in the date in the date in this document's effective date on the	he date of filings the specific of block does not Department of	ng: nd cannot be prior meet the appli State's records	r to date of filing c cable statutory f	or more than 90 da lling requiremen	(optional) wafter filing.) Pursunm ts, this dute will not l	i to 605.0207 (3)(b be listed as the
ne record specifies a delay The 90th day after the n	ed effective ecord is filed	date, but no d.	ot an effectiv	e time, at 12	:01 a.m. on the	earlier of:
Dated July 24		2019				
	Λ					
	Signature of a	a member or dull	notized represents	live of a member		

Page 3 of 3

Filing Fee: \$25.00