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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	ECT:	LESTAND CO	LLABAR ATIVE, LLC imited Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are s	ubmitted for filing.	
Please	return all correspo	ondence concerning this matt	er to the following:	
		TAYL	OR WILLIAMS Name of Person	(DURANT)
			Firm/Company	 .
		1921	NW 14m Are.	
			SMILE, FL 32605 City/State and Zip Code d glory gave ganail. c	
For fu	ther information c	concerning this matter, please		NACCO (
	Taylor W	Villiams (Durant	at (352) 318 - Area Code Daytime	315 & Telephone Number
Enclos	ed is a check for the	he following amount:		
\$1 \$2	5.00 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)
		ING ADDRESS:	STREET/COURIE	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

TO ARTICLES OF ORGANIZATION OF

YEST AND COLL	ABIRATI	VE, LLC_	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on _	8/25/19	and assigned
Florida document number <u>L17 CCC 6232 7</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liab	W, LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the o	designation "LLC" or	the abbreviation "L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			19 19 ★
			<u> </u>
			88 7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			07
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		n our reco rd s, <u>e</u> i	nter the name of the i
Name of New Registered Agent:			
New Registered Office Address:	<u></u>	<u> </u>	
	Enter Fle	orida street address	
		Florid	aZip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i:</u>		

company has been notified in writing of this change.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a 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

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	□ Add
			Remove
			Change
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ve date, if other than the date of filing	.:		(option		
ective date is listed, the date must be specific and If the date inserted in this block does not m	cannot be prior to da eet the applicable	te of filing or more than statutory filing requir	90 days after fi ements, this o	ling.) Pursu late will ne	ant to of be
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ord specifies a delayed effective d	ate, but not an	effective time, a	at 12:01 a.i	m, on th	ne ea
90th day after the record is filed.					
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Filing Fee: \$25.00