L18 000 084 313

(F	Requestor's Name)
	Address)	
	Address)	
(0	City/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	ime)
(C	Document Number	·)
fied Copies	Certificate	es of Status
ecial Instructions t	o Filing Officer:	

Office Use Only



100396925291

Zi22 OCT 31 All 8: 50

A. RIVERS

JAN 2 4 2023

Registration Section Division of Corporations

V	``	T 1		1	~
Υ(IJ	u	L.	ر ا،	v.

	Name of Limi	ted Liability Company	
losed Articles of	Amendment and fee(s) are subi	nitted for filing.	
eturn all correspo	ndence concerning this matter	to the following:	
	YOSU MUNOZ		
		Name of Person	<u> </u>
	YOJU LLC		
		Firm/Company	
	8335 NW 68th ST		
		Address	
	DORAL, FL 33166		
	info@tbhg.biz	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
her information c	oncerning this matter, please ca	all:	
MUNOZ		786 953-3666	
Name o	of Person	at () Area Code Daytime	e Telephone Number
d is a check for t	he following amount:		
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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

YOSU LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) icles of Organization for this Limited Liability Company were filed on and assigned L18000084313 document number endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: EDICA LLC name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: g address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered nd/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City egistered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ny has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

oved from our records:= Manager= Authorized Member

Name FRANCESCO TUOZZOLO	Address 8335 NW 68th ST	Type of Actio
		
	DORAL, FL 33166	□Remove
RICARDO CUSANNO	8335 NW 68th ST	∰Add
	DORAL, FL 33166	
		·
		□ Remove
		□Change
		□Add
		□ Remove
		□ Change
		□ Add
		□Remove
		□Add
		□ Remove
		□Change

		
		
		
		<u></u>
	·"	
	·	
	-	
<u></u>		
		 _
		
		
	10/20/2022	
he date inserted in this blo	ate of filing:	suant to 605.0207 not be listed as
secifies a delayed effective	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after the
TOBER 10	2022	
	, I	
John I	Ignature of a member or authorized representative of a member	 -