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COVER LETTER

1018 JAN - 2 PH W. L. S. Young Black And Talented LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Demitrious R Wyant Name of Person Young Black And Talented LLC Firm/Company 4630 S. Kirkman Rd., #181 Address Orlando, FL 32811 City/State and Zip Code Ybtorg@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Demitrious R Wyant Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & **■** \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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TG:

Registration Section

Division of Corporations

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Young Black And Talented LLC

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

The Articles of Organization for this Limited Lia	ability Company	were filed on April 13, 20	and assigned
Florida document number L18000093533	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4630 S. Kirkman Rd., #181 Orlando, FL 32811	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32811	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	fice address her	<u>e</u> :	cords, enter the name of the new
New Registered Office Address:	4630 S. Kirkman Rd., #181 Enter Florida street address		
	Orlando		Florida 32811
		Ciţy	Zip Code
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	d agent and agreer and complete stered agent as registered office	ree to act in this capacity performance of my duti provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
	If Cha	nging Registered Agent, <u>Sign</u>	iature 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	BURRELL, TONY A, JR.	14184 ORCHID TREE PL.	
		ORLANDO. FL 32828	
			■ Remove
			Change
	WYANT, ANTHONY P, JR.	3728 WINDY HILL DR.	
AMBR			
		CONYERS, GA 30013	
			Remove
			□ Change
	BURRELL, JOZETTA J	3631 E. 43 CT.	
AMBR			
		DES MOINES, IA 50317	
			■ Remove
			Change
			Change
			5 6
			□ Remove
			Change
		Add	
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			Change
			_ Add
			D 700
			□ Remove
			D &
			Change

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lf an effecti <u>Note:</u> If (e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the day after the record is filed.
Dated _ _4	Occumber 26 2018
	() n U
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00