## L18000 106613

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Chity Name)
(Document Number)
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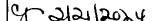
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2024 FE3 -7 PH 5: 40



## **COVER LETTER**

	gistration Serision of Cor				
SUBJECT:	YDIVA, LI				
3003261.			ited Liability Company		
		Amendment and fee(s) are sub	J		
		KATERYNA IVANOVA			
			Name of Person		
		YDIVA, LLC			
			Firm/Company		
		1030 EUCALYPTUS DR. /	APΓ 5		
		***************************************	Address		
		HOLLYWOOD, FL 33021			
		Info.kkidsclub@gmail.com	City/State and Zip Code		
		E-mail address: (t	o be used for future annual re	port notification)	
		ncerning this matter, please ca	dl:		
KATERYNA	IVANOVA		305	776-9359	
	Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	: following amount:			
□ \$25.00 F	iling Fee	S30.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YDIVA, LLC			2024 FEB = 7 PH 5: 40
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on our bility Company)	records.)
The Articles of Organization for this Limited Li Florida document number L18000106613			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	fthe limited liabili	ty company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
		<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office address		dress on our records,	enter the name of the new registered
Name of New Registered Agent:	KATERYNA IVA	NOVA	
New Registered Office Address:	1030 EUCALYPT	US DR, APT 5	
New Registered Office Address.		Enter Florida stree	t address
	HOLLYWOOD		. Florida 33021

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

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

Zip Code

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>	Address	Type of Action
MGR	YULIA SHVETSOVA	1990 NE 163D STREET, STE #233	□Add
		NORTH MIAMIA BEACH, FL 33162	≣Remove
			□Change
MGR	OLEKSANDR IVANOV	1030 EUCALYPTUS DR, APT 5	<b>=</b> Add
		HOLLY WOOD FL 33021	□Remove
			Change
AMBR	KATERYNA IVANOVA	1030 EUCALYPTUS DR, APT 5	<b>=</b> Add
		HOLLYWOOD FL 33021	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
E Effec	rtive data if other than the date of filing:  (antional)
Note	ctive date, if other than the date of filing:
If the rece record is	ord 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 filed.
Date	a <u>01/31/2024</u>
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee