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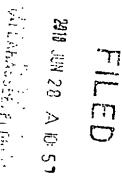
| (Requestor's Name)                      |
|---|
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| (Business Entity Name)                  |
| (Document Number)                       |
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Wollack

## **COVER LETTER**

TO: Registration Section

| Division of C                         | orporations                      |   |  |            |   |
|---------------------------------------|----------------------------------|---|--|------------|---|
| SUBJECT:                              | mila's Bussin                    | ES home LCC ited Liability Company                        |  |            |   |
|                                       | Name of Lin                      | ited Liability Company                                    |  |            |   |
|                                       |                                  |   |  |            |   |
| The enclosed Articles of              | of Amendment and fee(s) are sub  | mitted for filing.  |  |            |   |
| Please return all corres              | pondence concerning this matter  | to the following:   |  |            |   |
|                                       | YA.                              | Mame of Person  | 16   |            |   |
|                                       |                                  | Name of Person  |  |            |   |
|                                       |                                  |   |  | 53         |   |
|                                       | -                                | Firm/Company  |  | <b>=</b>   |   |
|                                       | 143209                           | Address   | Autorition in the particular i | JH 28      | • |
|                                       |                                  | Address   |  | <u> </u>   | Γ |
|                                       | Homes                            | STEAD, FL 330<br>City/State and Zip Code<br>Cinac @ gmail | 233 E  | Ċ<br>C     | C |
|                                       |                                  | City/State and Zip Code                                   | .:-  | <b>5 7</b> |   |
|                                       | yga c                            | cinal @ gmail   | ·com   |            |   |
|                                       |                                  | to be used for future annual report notific               | cation)  |            |   |
| For further information               | concerning this matter, please c | all:  |  |            |   |
| Yamila                                | Gallenal .                       | at (305) 766<br>Area Code Daytime                         | -3974  |            |   |
| Name                                  | of Person                        | Area Code Daytime   | Telephone Number   |            |   |
| Enclosed is a check for               | the following amount:            |   |  |            |   |
|                                       | \$30.00 Filing Fee &             | 🖺 \$55 00 Filing Fee &                                    | □ \$60.00 Filing Fee.  | ı          |   |
|                                       | Certificate of Status            | Certified Copy (additional copy is enclosed)              | Certificate of Sta<br>Certified Copy<br>(additional copy is er   | itus &     |   |
|                                       |                                  |   |  |            |   |
| MAI                                   | LING ADDRESS:                    | STREET/COURIE   | R ADDRESS:   |            |   |
|                                       | stration Section                 | Registration Section                                      |  |            |   |
|                                       | ion of Corporations<br>Box 6327  | Division of Corpora<br>Clifton Building                   | tions  |            |   |
| · · · · · · · · · · · · · · · · · · · | hassee, FL 32314                 | 2661 Executive Cen  | ter Circle   |            |   |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Jamila's Bussi   | NES                               | home                     | = 240           | <del>2</del> |               |
|--|-----------------------------------|--------------------------|-----------------|--------------|---------------|
| (Name of the Limited Liability Company<br>(A Florida Limited Lia   | as it now appears bility Company) | on our record            | <u>s.</u> )     |              |               |
| The Articles of Organization for this Limited Liability Company w<br>Florida document number <u>83-07 3305</u> 8 | vere filed on <u>/</u>            | 5/20/                    | 2018            | and assi     | gned          |
| This amendment is submitted to amend the following:  |                                   |                          |                 |              |               |
| A. If amending name, enter the new name of the limited liability   |                                   |                          |                 |              |               |
| - YAMILA'S BUSINESS HO   |                                   |                          |                 |              |               |
| The new name must be distinguishable and contain the words "Limited Liability                                    | y Company," the de                | signation "LLC           | " or the abbrev | iation "L.L  | C."           |
| Enter new principal offices address, if applicable:  | 14324                             | o sue<br>neste           | 200             | 57           | <del>-</del>  |
| (Principal office address MUST BE A STREET ADDRESS)  | _flo                              | nestea                   | od t            | Z 3          | <u> 303</u> 3 |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                            |                                   |                          |                 | MIT BIEZ     |               |
|  |                                   | -                        |                 | 8<br>A       |               |
| B. If amending the registered agent and/or registered office address here:                                       |                                   | our records              | enter the       | risme o      | of the new    |
| Name of New Registered Agent:  |                                   |                          |                 |              |               |
| New Registered Office Address:   | Futer Flori                       | da street addres:        |                 |              |               |
|  | LANCE E RATE                      | an ou eer <b>aaare</b> x |                 |              |               |
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|  | City                              |                          | Ž               | up Code      |               |

## 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

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 |  |
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| Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of f   | iling or more than 90 days | ( <b>ptional)</b><br>after filing.) Pi | arsuant to 605. | .020  |
| ote: If the date inserted in this block does not meet the applicable statut ocument's effective date on the Department of State's records. | tory filing requirements.  | this date wil                          | ll not be liste | ed as |
| • · · · · · · · · · · · · · · · · · · ·  |                            |  |                 |       |
| record specifies a delayed effective date, but not an effe   | ective time, at 12:0       | )1 a.m. on                             | the earlie      | er o  |
| The 90th day after the record is filed.  | •                          |  |                 |       |
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| 1 2 22 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |                            |  |                 |       |
| Signature of a member or authorized repre  | sentative of a member      |  |                 |       |

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Filing Fee: \$25.00