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COVER LETTER

Div	ision of Corp	orations					
SUBJECT:	YOU MANA	AGEMENT RESOURCES L	LC				
JUDJECT.		Name of Limi	ted Liability Company				
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.				
		ndence concerning this matter t	-				
		Michael Axelrod					
			Name of Person				
			Firm/Company				
		13190 SW 32 Street					
			Address				
		Miramar, FL 33027	<u>.</u>				
		City/State and Zip Code					
		E-mail address: (t	o be used for future annual report not	tification)			
For further is	nformation co	oncerning this matter, please ca	ill:				
Michael Axelrod			954 699-9680 at ()				
	Name of	Person	Area Code Daytir	ne Telephone Number			
Enclosed is a	a check for th	e following amount:					
■ \$25.00 H	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

TO:

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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOU MANAGEMENT RESOURCES	SLLC	
(Name of the Limited L (A F	Jability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L18000147749	lity Company were filed on 6/15/2018	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
YOUR MANAGEMENT RESOURCES LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>ento</u> e <u>address here</u> :	er the name of the n
Name of New Registered Agent.		388 %
New Registered Office Address:	Enter Florida street address	3 (1)
<u> </u>	, Florida	
	Cim	General Contract

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 Type of Action <u>Title</u> <u>Name</u> **Address** Michael Axelrod 13190 SW 32 Street **AMBR** 🗎 Add Miramar FL 33027 ☐ Remove ☐ Change **AMBR** Hunter Axelrod 13190 SW 32 Street **■** Add Miramar FL 33027 ☐ Remove ☐ Change _□ Add ☐ Remove _ □ Change # □ Add ☐ Remove _□ Change □ Add _□ Remove

☐ Change

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Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the a	pplicable statutory	or more than 90 days af filing requirements, t	otional) fler filing.) Pursuant to (his date will not be l	605.0 listed
the record specifies a delayed) The 90th day after the reco		t not an effecti	ve time, at 12:01	l a.m. on the ea	rlier
Dated	2018				
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Filing Fee: \$25.00