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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: FOR YOUR	Future LLC Name of Limit of the Common	
The enclosed Articles of Amendment	and fee(s) are submitted for filing.	
Please return all correspondence conc	aming this matter to the following:	
	Ketsia T Joseph Name of Person	
<u>F.</u>	r your future, LLC Firm/Company	
	1403 NW 30+9 Street	
	Oral Spring Fl 33005- City/Sule and Zip Code	
	E-mail address: (to be used for future annual report notification)	r-futi
For further information concerning th	s matter, please call:	
Ketsia T Juse Name of Person	at (954) 490 - 3108 6 7 7 Area Code Daytime Telephone Number 1710 2	; a f
Enclosed is a check for the following	amount:	
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, ficate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporation	Street Address: Registration Section Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

For your future (Name of the Limited Liability Compar	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number 18888198778	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name	
Enter new principal offices address, if applicable:	11403 NW 30+11 Street Oval Spring FL 33065
(Principal office address MUST BE A STREET ADDRESS)	Cural Spring FL 33065
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11403 NW 30th Street Coral Spring FL 33065
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cop Cont.
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	

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
MGR	Ketsia T Joseph	11403 NW 30th Street	XAdd
		Caral Spring FL 33X0	∑_ □Remove
			□ Change
ambr	Ronald Charles	11403 NW 30+n Street	□Add
		Caral Spring FL 3306	Remove
			□Change
		<u> </u>	□Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be possible. If the date inserted in this block does not meet the applicament's effective date on the Department of State's recomment.	pplicable sta	of tiling or more tutory filing t	than 90 days a equirements.	ofter filing.) Pursu this date will n	iant to 60 ot be lis)5,020 sted a
record specifies a delayed effective date, but not an effecti d is filed.	ive time, at	12:01 a.m. on	the carlier of	1(b) The 90th	aday aft	ter the
u is theu.						
Dated 14th august 202	<u>.o</u> .					
114						
Signature of a member or	authorized re	presentative o	a member			