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	equestor's Name)
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PICK-UP	MAIL MAIL
(Bi	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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COVER LETTER

TO:	Registration Se Division of Cor			
CHID ID	COT:	DEMO LLC		
SUBJE(():	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		KENDRA GUSTAFSON		
		YES OUI DEMO LLC	Name of Person	
		1810 W KENNEDY BLV	Firm/Company D.	
		TAMPA, FL 33606	Address	
		KGUSTAFSON@1810KE	City/State and Zip Code NNEDY.COM	
		E-mail address: (to be used for future annual report n	otification)
For furth	her information c	oncerning this matter, please c	all:	
KENDE	RA GUSTAFSON	N	813 280-8551 at ()	
	Name o	f Person		ime Telephone Number
Enclosed	d is a check for the	he following amount:		
□ \$25.	.00 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COU Registration Sec Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YES OUI DEMO LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 09/28/2018	₹	and assigned
Florida document number 1.18000236695				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
				S 20
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the ab	breviationL.C."
Enter new principal offices address, if appli	cable:	1711 BIOTECH WAY		消費可
(Principal office address MUST BE A STRE	ET ADDRESS)	SARASOTA, FL 3424,	3	S P M
				<u> </u>
Enter new mailing address, if applicable:		1810 W KENNEDY BL	.VD.	5: 13
(Mailing address MAY BE A POST OFFICE BOX)		TAMPA, FL 33606		-
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	ecords, <u>enter</u>	the name of the ne
	1810 W KENN	FDY RI VD		
New Registered Office Address:		Enter Florida street	t address	
	ТАМРА		, Florida ³³⁰	506
		City	, 1 1011044	Zip 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
MGR	NICKY ROBINSON	7950 NE BAYSHORE CT #2002	•
		MIAMI, FL 33138	
		IVITA,VII, FL 33136	■ Remove
			Change
MGR	BRUCE HEIMANN	4580 TUSCANA DRIVE	
		CADACOTA DI 24241	
		SARASOTA, FL. 34241	
			B Kemove
			Change
MGR	GRAPE A DAY LLC	1810 W KENNEDY BLVD.	
			Add
		TAMPA, FL 33606	П.В.,
			☐ Remove
			Change
		_	
			□ D
		-	□ Remove
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			Change
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			D."
			□ Remove
			Change

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. Effective date, if other than the d	ate of filing: (optional)
	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
the record specifies a delayed e) The 90th day after the recor	effective date, but not an effective time, at 12:01 a.m. on the earlier of: rd is filed.
Dated MAY 02	. 2019
_/	ignature of a member or authorized representative of a member
31	ignature of a memoer of authorized representative of a memoer
BRUCE HEIMANN	
	Typed or printed name of signee

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Filing Fee: \$25.00