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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Cor			
SUBJECT: YOS	+ Develo	prient LLC	
	Name of Lim	iled Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Bran	don Yost	
	Yost [Name of Porson Ol Vl Opment Firm/Coupany	LLC
	8122 L	ark Stylet	
	Seminole	2 Fl. 337 City/State and Zip Code	77
	UST for Pro	Side of O grand to be used for future aroual report notificed	ication)
For further information ed	oncerning this matter, please ca		
Brandon	Yust	at (407) 219-	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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)

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

Name of the Limited Liability Compa	t (C)	
(A Florida Limited L	nv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1900053582	were filed on $\frac{2/15/20/9}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8122 Cark Street	
(Principal office address MUST BE A STREET ADDRESS)	Smindle F1. 33777	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8122 Lark Street Seminole FL 33777	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new register	<u>'ed</u>
Name of New Registered Agent:	. A.P.	
Naus Registered Office Address	<i>2</i> −	
New Registered Office Address:	Enter Florida street address	
	正 、Florida	,
	City , Florida Zip Code	~1
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre	ee to act in this capacity. I further agree to comply with t	he

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
			□Add
			□ Remove
			Change
			□A'dd
			□Remove
			□Change
<u>.</u>			□Add
			□Remove
			□Change
			⊡Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Change

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lf an effect <u>Note:</u> If	date, if other than the date of filing:
e record s rd is filed	pecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	April 6. 2020,
	Signature of a member or fothorized representative of a member
	Brandon Yost