

| (Requ | uestor's Name) | |
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| (Addı | ress) | |
| (Addı | ress) | |
| (City/ | /State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Busi | ness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Fi | iling Officer: | _ |
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11/09/20--01005--020 POZO NOV -9 AH IO: 4.1



COVER LETTER

| Division of | on Section Corporations | | _ |
|--------------------------|---|---|---|
| YOU N | MARKETING LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Article | s of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corr | respondence concerning this matter | to the following: | |
| | Stephanie Polen | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 14230 80th Ave | | |
| | | Address | |
| | Seminole FL 33776 | | |
| | | City/State and Zip Code | |
| | polen.stephaniem@gmail.c | | |
| | | to be used for future annual report notif | ication) |
| For further informati | on concerning this matter, please c | all: | |
| Stephanie Polen | | 727 4323448 at () | |
| Na | me of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check t | for the following amount: | | |
| ■ \$25,00 Filing Fe | ce \$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 Ad Registrati | dress: on Section | Street Address: Registration Sec | ction _ |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| YOU MARKETING LLC | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liability Com</u> (A Florida Limited | pany as it now appears on our records.) I Liability Company) | |
| The Articles of Organization for this Limited Liability Companional Plorida document number L19000091663 | y were filed on 4/3/2019 | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| YOU PROPERTIES LLC | | |
| he new name must be distinguishable and contain the words "Limited Liab | pility Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 202 |
| | | |
| | | × |
| Enter new mailing address, if applicable: | | vs · |
| Mailing address MAY BE A POST OFFICE BOX) | | <u>=</u> |
| nating dualess may be a rost of the boay | | |
| | | |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, <u>enter th</u> | ne name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Frantaa sireet daaress | |
| | , Flor | ida Zin Code |
| | City | zip Coae |

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

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ado 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 an effective date is listed, the date in | ie date of f | iling: | 1/5/2020 | to data o | f filing or n | noru than (| (optio | nal) | ecuant to fi | 05 0207 |
| ote: If the date inserted in this ocument's effective date on the | block does n | iot meet | the applic | able sta | | | | | | |
| sument of effective date with the | r opar men | or orac | 31000103 | • | | | | | | |
| record specifies a delayed effect is filed. | ive date, but | not an c | effective t | ime, at 1 | 2:01 a.m. | on the ca | rlier of: (b) | The 90 |)th day af | ier the |
| November 5 | | 20 | 0202 | | | | | | | |
| ated | | | | | | | | | | |

E. ...

Typed or printed name of signee