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Office Use Only

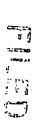


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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The York Nation Movement LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Patrickia Dallas Name of Person
Dallas Paralegal Solutions loc.
POBOX 1685 Address
Ocean Spring, NIS 3951do
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patrickic Italias at (904) 747-3211 ext 1014 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee 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 Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	2_
The Articles of Organization for this Limited Liability Company we Florida document number 1190001016772.	vere filed on 04/18/2019	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	SECE TAI	2021 S
Principal office address MUST BE A STREET ADDRESS)		171 11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HERISSER FL	A 1 3 5
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name o	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	LIBER I WEIMA SHEEL MAGE COS	
	, Florida	
	City	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 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

Title	<u>Name</u>	Address	Type of Action
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fan effed Note: It	ve date, if other that ctive date is listed, the d f the date inserted in nt's effective date on	ate must be specific this block does no	and cannot be prior of meet the applica	202 to date of filing or mo	(option re than 90 days after f requirements, this	ling A Purcuar	nt to 605.0207 be listed as
record d is filed	specifies a delayed e d.	ffective date, but i	not an effective tir	ne, at 12:01 a.m. oi	n the earlier of: (b)	The 90th d	ay after the
Dated	Sept	2.	. 2021	·			
		Signature of	a member or autho	Tzed representative o	T mentber	<u>.</u>	
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