## L19000207077

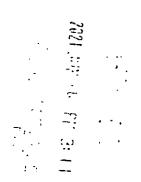
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## **COVER LETTER**

Division of Corporations		
SUBJECT: YOS Bott/wo	nited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
James	E HA() Name of Person	
YOS Bot	HING COMPANY, L	LC :
10889 C	COSSIDADES COMMERCE	e Blud
TAMPA,  jhall@ E-mail address:	City/State and Zip Code  Clone A distributor  (to be used for future annual report notification	o ::  com
For further information concerning this matter, please		
James E Hall Name of Person	<u> </u>	&&&Olephone Number
Enclosed is a check for the 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:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

TO:

**Registration Section** 

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

(Name of the Limited Liability Com (A Florida Limite		1
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 190002070</u> 77	ny were filed on <u>08/</u> 7	1 <u>9</u> 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<i>?</i>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records,	enter the name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street	address address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duti is provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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
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			□Change
			□Remove
			☐Change
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ote: If the date	if other than the is listed, the date must e inserted in this blo	ock does not m	eet the applicab	date of filing or de statutory fili	more than 90 days	optional) s after filing. s, this date	) Pursuant to 605.03 will not be listed
eument's effe	ctive date on the De	partment of S	tate's records.				
• • • • • • • • • • • • • • • • • • • •	s a delayed effective	e date, but not	an effective tim	e, at 12:01 a,m	, on the earlier (	o1: (b)   Ih	e 90th day after t
is filed.	Ne 2		2021	_ •			
is filed.		me f	2021 Ul			_	

Filing Fee: \$25.00