MIGGITATIONS

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
6206

Office Use Only



700335543987

10/18/19--01013--024 **25.00

18 0EC -9 PH 3: 27

Donund

COVER LETTER

Your 888 A	ads LLC			
SUBJECT:	Name of Limi	ted Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Aaron Chris			
	Your 888 Ads LLC	Name of Person		
	424 cast Central Blvd #217	Firm/Company		
	orlando , Florida 32801	Address		
	Your888Ads@gmail.com	City/State and Zip Code	·	** •
	E-mail address: (to	o be used for future annual report notific	cation)	19 000
For further information c	oncerning this matter, please ca	ili:		
Aaron McPherson		407 625-7020		→
Name o	r Person		Telephone Number	# 9: 21
Enclosed 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 Fe Certificate of \$ Certified Copy (additional copy is	tatus &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



November 6, 2019

AARON CHRIS YOUR 888 ADS LLC 424 EAST CENTRAL BLVD #217 ORLANDO, FL 32801

SUBJECT: YOUR 888 ADS LLC Ref. Number: L19000217045

We have received your document for YOUR 888 ADS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 419A00022992

TO ARTICLES OF ORGANIZATION OF

YOUR 888 ADS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L19000217045 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Aaron McPherson Name of New Registered Agent: 424 East Central Blvd #217 New Registered Office Address: Enter Florida street address

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.

Cirv

orlando

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Aaron McPherson	424 East Central Blvd #217 Orlando , Florida 32801	
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change
			
			□ Remove
			☐ Change

(If an e Note :	tive date, if other than the date of filing:
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	111-01-19 12:01am
	Signature of a member or authorized representative of a member
	1 Classification And

Page 3 of 3

Filing Fee: \$25.00