L19000294633

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COVER LETTER

TO:	Registration Se Division of Cor		<i>;</i>	• •	
oud it	Yonitbda L	LC			
SUBJEC	<u></u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Justin			
			Name of Person		
		Zeig Law Firm, PLLC			
		-	Firm/Company	-	
		3475 Sheridan Street, S	uite 310		
		Address			
		Hollywood, FL 33021			
	City/State and Zip Code dperetz73@yahoo.com				
		E-mail address: (to be used for future annual report not	(lication)	
For furth	ner information o	oncerning this matter, please of	alf:		
David F	Peretz		954 868-2272 at()		
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed	l is a check for th	ne 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 Addres	<u>s:</u>	Street Address:		
	Registration S		Registration Se	ection	
	Division of C	Campanatana	Division of Co.		

P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Yonitbda LLC		28 T
(Name of the Limited	d Liability Company as it now appears on our A Florida Limited Liability Company)	= 0 - 1 + 1
The Articles of Organization for this Limited Lia Florida document number L19000294633	bility Company were filed on December	12, 2019 STC 6 12, 2019 STC 7 10 12 12 12 12 12 12 12 12 12 12 12 12 12
This amendment is submitted to amend the follow	wing:	元 元 70
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	n "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	2 <u>0X)</u>	
B. If amending the registered agent and/or re agent and/or the new registered office address		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street	address
		, 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 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
MGRM	Yonit Peretz	5213 SW 32 Avenue	□Add
		Fort Lauderdale, FL 33312	≡ Remove
			□Change
AMBR	Peretz Family Revocable Trust	5213 SW 32 Avenue	= Add
		Fort Lauderdale, FL 33312	□Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			Remove
			□ Change

•	
Note: If the	date, if other than the date of filing:
e record sp rd is filed.	pecifies 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	_1/3/10
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00