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(Re	equestor's Name	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		05/07/21 TM

Office Use Only



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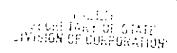
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yvonne Morales
YM Noel UC FinyCompany
11131 54th Ave. N.
St. Petersburg, FL 33708  City/State and Zip Gode  Voontae 006 @ Yahoo. Com  E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Name of Person at (201) 281-9966  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & 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



21 HAR 22 PM 1:00 d 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 January 08, 20 2 and assigned Florida document number \_\_L\_200000 14877 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 "LLC." 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: Name of New Registered Agent: 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.

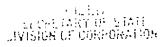
City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

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>	<u>Address</u>	21 MAR 22 PM 1: 00	Type of Action
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f an ef Note:	tive date, if other than the date of file flective date is listed, the date must be specific: If the date inserted in this block does no	and cannot be prior to da of meet the applicable	ate of filing or more than 90 statutory filing requiren	(optional) days after filing.) Pursuant to ( ients, this date will not be I	605.0207 (3) isted as the
docun	ment's effective date on the Department o	i State's records.			
e recor rd is fi	rd specifies a delayed effective date, but r iled.	not an effective time.	at 12:01 a.m. on the ear	lier of: (b) The 90th day a	tier the
Dated	March 17 Donne Wal	<u>. 2021</u> .	Momet	Noules_	

Filing Fee: \$25.00