L20 0000 58852

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COVER LETTER

	Registration Se Division of Cor		•	, •	
SUB IEC		ME BY YASIR LLC	•	٥	
SUBJEC	T:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	endence concerning this matter	to the following:		
		SHALANDO L FAVORS			
			Name of Person		
		CHARISZME BY YASIR	LLC		
			Pin /Company	· • · · · · · · · · · · · · · · · · · ·	
		10634 WALKER VISTA	DR		
			Address		
		RIVERVIEW, FL 33578			
			City/State and Zip Code		
		SHALANDOFAVORS@Y			
For furthe	er information c	e-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)	
	NDO L FAVOR	•	813 625-5445		
Name of Person		at () Area Code Dayti	me Telephone Number		
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations			Division of Co	orporations	
	P.O. Box 632 Tallahassee, l		The Centre of	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

CHARISZME BY YASIR LLC

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L20000058852	were filed on 02/21/2020 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	

Zip Code

[[7] 11 - 1-

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
	Florida

City

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 (11) AU 117 (11) 43	Type of Action
MGR	SHALANDO L FAVORS	10634 WALKER VISTA DR, RIVERVIEW, FL 3	3578 ■ Add
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an effective date is listed, the date								
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record specifies a delayed et	ffective date, bu	t not an effect:	ive time, at 1	2:01 a.m. oi	n the ear	lier of: (b) T	he 90th day afte	er the
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Typed or printed name of signee