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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOUADORE LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, OF

YouAdore LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as jt now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000059390	were filed on 02/21/2020	and assigned
This amendment is submitted to amend the following:	200	2020 APR
A. If amending name, enter the new name of the limited liab	olity company here:	70
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10441 Stapeley Dr.	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	0.1 5.00000	
	Orlando FL 32832	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>entere</u> :	er the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	n n n n	
	Enter Florida street address	
	, Florida	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
AMBR	Ashley Brewer	10441 Stapeley Dr	☑ Add
		Orlando, FL US 32832	☐ Remove
			Add
			Remove APR
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			☐ Add -= ☐ O
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ective date, if other than the effective date is listed, the date muster. If the date inserted in this bloom	t be specific and cannot be ock does not meet the a	prior to date of filin pplicable statutory	g or more than 90 day:	optional) s after filing.) Pursua s, this date will no	ant to 605 of be list
rument's effective date on the Do	epartment of State's rec	rords.			
record specifies a delayed he 90th day after the rec	i effective date, bu ord is filed.	t not an effect	ive time, at 12:	01 a.m. on th	e earli
_{ed} April 7	202	20			
	Signature of a member of	_			

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Filing Fee: \$25.00