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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Y	oga 4 Rescu	e S ited Liability Company	
	. Name of Sim	company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cincle	Name of Person	
		Firm/Company	
	13329 NW	Baywood Place	<u></u>
	Palm City	FL 34970 City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	all:	
Cincly No	o Valk	at (954) 465-5 Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	<u>ss:</u>	<u>Street Address:</u>	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Vonc 4 Rescu	ues LLC	
(Name of the Limited Liability (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L 2 0000 6488</u> \(\frac{1}{2} \)	ompany were filed on 2/2	7/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Femme News M. The new name must be distinguishable and contain the words "Limit	Nedra LLC ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRE	ESS)	-11 •
		;;; r ₁
Enter new mailing address, if applicable:		<u>;</u> 3°3,
(Mailing address MAY BE A POST OFFICE BOX)		•
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree.	t 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 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
			□ Add
			Remove
			□Change
			□Add
			Remove
			□Change
	<u>-</u>		□Add
			□Remove
			□Change
			□ Add
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			Remove
			□Change

-	
•	
	
Note: If the c	e, if other than the date of filing:
e record speci rd is filed.	ies 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 <u>Fe</u>	6 2024
_	Signature of a member or authorized representative of a member

Goals:

Femme News Media will be multiple sites catering towards the female audience. All content will be provided in site(s) and will also be made available for licensing to third parties.