## L20000 152329

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

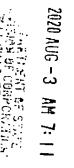
Office Use Only



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SEP 2 2 2020 S. YOUNG



## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: YH Free and Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yuberky Hernandez Name of Person
MH Freelancing LLC Firm/Company
1401 Village Blvd #1316
West Palm Beach Fl 33409  City/State and Zip Code  Yh. Freelan Cer 1010 gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

	<b>0.</b>	
YH Freelanc	ing LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ity Compady as it now appears on ou a Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability (	s. tolo	3/00
Florida document number <u>L2000015</u>		and assigned
Florida document number L20001	W 27 1	TOPES -
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company "the decimant	ion "I I C" or the abbreviation "I I C"
	with the designation of the desi	on EEC of the abbreviation 15.15.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
	<u> </u>	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del> .	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	, enter the name of the new registered
The second of th		
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida stre	et 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>	Name	Address	Type of Action
MGR	Yuberky Hernandez	1401 Village Blud#1316, WPB FL 3340	[¥Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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******	ctive date, if other than the date of filing:  ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t  nt's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	July 17, 2020.
	AA
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00