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S. YOUNG

SEP 03 2020

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations			
SUBJECT: YAH'S WAY MOUTNG, LLC Name of 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:			
Sean Lawrence Name of Person  YAH'S WAY MOUTNG, LLC  Firm/Company			
2421-1 East Aragon BLUD.			
Suncise, Florida 333/3  City/State and Zip Code  /awrence Sean 78/@gmail & Com  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Sean Lawrence at (305) 297-2066  Name of Person 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)  Certified Copy (additional copy is enclosed)			
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited I	ING, LL	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears ( liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	were filed on <u>06</u>	/30/202 Figure 2
This amendment is submitted to amend the following:		A 6: 30
A. If amending name, enter the new name of the limited liab	ility company here	30 S
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the des	gnation "LLC" or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:	_ <del>_</del>	
New Registered Office Address:		
	Enter Florida	a street address
	<del>-</del>	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 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
MGR	TATIYANI	VA Washington 50 Deber	JOISE AVE DANG
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D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated	Signature of a member or authorized representative of a member
	Sean France
	Sean Lawrence Typed or printed name of signee