

L20000243104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

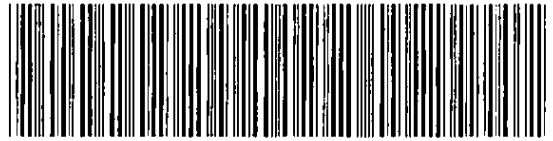
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Your Worth Group Home 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:

Kamilah Cross  
Name of Person

Your Worth Group Home LLC  
Firm/Company

8213 Biscayne Blvd  
Address

Miami, FL 33138  
City/State and Zip Code

yourworthllc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kamilah Cross at (954) 825 8500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Yours Worth Group Home LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/11/2020 and assigned Florida document number L20000243104

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Yours Worth Living LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1425 NW 193rd terrace  
Miami, FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1425 NW 193rd terrace  
Miami, FL 33169

**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:

Kamilah Cross

New Registered Office Address:

1425 NW 193rd terr

Enter Florida street address

Miami

City

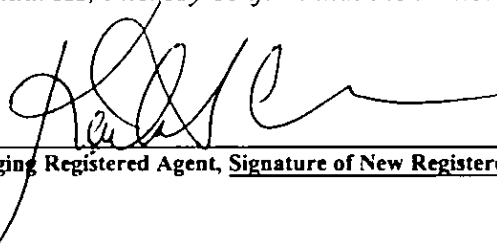
, Florida

33169

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Kamilah Cross	1425 NW 193rd terr	<input checked="" type="checkbox"/> Add
		Miami, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mandisa Cross	1425 NW 193rd terr	<input checked="" type="checkbox"/> Add
		Miami, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mayjorie Cross	1425 NW 193rd terr	<input checked="" type="checkbox"/> Add
		Miami, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kingsley Cross	1425 NW 193rd terr	<input checked="" type="checkbox"/> Add
		Miami, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kondwani Cross	1425 NW 193rd terr	<input checked="" type="checkbox"/> Add
		Miami, FL 33169	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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7-28-2023

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 20, 2023

\_\_\_\_\_, sub  
*Samuel R.*  
 \_\_\_\_\_  
 re of a member or authorized representative of a m

Kemlah Cross  
Typed or printed name of signee