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(R∈	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	_
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: YOU	Precious K	ited Liability 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:	
	Preciou	S Keen Name of Person	
		Firm/Company	
	4800 NW	11th Place	
	Lauderhill	FL 3333	
	YOUY Precio	SUS KHTYINC OGY to be used for future annual reportation	nail Com
For further information c	oncerning this matter, please ca	all:	
Precious k	Leen f Person	at (754) 308 - Area Code Daytim	3830 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & 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

	pany as it now appears on ou I Liability Company)			
The Articles of Organization for this Limited Liability Compan	y were filed on 4/2	25/2020 and assigned		
Florida document number <u>L2000</u> 5303030)			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company." the designati	on "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:		د.،		
(Mailing address MAY BE A POST OFFICE BOX)	 			
Maning undress MAT BEAT OUT THE BON				
		: ;		
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:		22		
N. C.V. D. C. LA		9.		
Name of New Registered Agent:	······································	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida stre	et address		
	City	, Florida Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
I hereby accept the appointment as registered agent and ag		to I forther gares to comply with the		

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 **Type of Action** Title **Address** Name 4800 NW 11th Place XADD Precious Keen MGR (add) Lauderhill FL 33313 | Remove ___ Change MGR Rashaun Alphonso 4800 NW 11th Place DAD (remove) Lauderhill FL 33313 & Remove _____ Change _____ □Change

					
					
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	ther than the date of fili			(optional)	
	ted, the date must be specific at erted in this block does not				
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ord specifies a c	elayed effective date, but no	ot an effective time a	ut 12:01 a.m. on the ear	lier of: (b) The 90th day	after th
filed.	=== y a arraem a date, but in	or an engine unio, t	Tary tarm on the bur	on the zour day	J. (6)
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Filing Fee: \$25.00