## L20 000 331553

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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## COVER LETTER

| TO: Registration Se<br>Division of Cor |  | ,   |  |
|--|--|---|--|
| SUBJECT: B12 CYBE                      | R AND IT CONSULTING L                        | LC ·  |  |
| SUBJECT:                               | Name of Lin                                  | nited Liability Company   | <del></del>  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing  |  |
|  | ndence concerning this matter                |   |  |
|  | Edwin J Berrios-Ortiz                        |   |  |
|  |  | Name of Person  |  |
|  | B12 CYBER AND IT CO                          | NSULTING LLC  |  |
|  |  | Firm/Company  |  |
|  | 806 NW 24th St                               |   |  |
|  |  | Address   | <del></del>  |
|  | Wilton Manors, FL 33311                      |   |  |
|  |  | City/State and Zip Code   | <del></del>  |
|  | berriosortiz@gmail.com                       |   |  |
|  | E-mail address: (                            | to be used for future annual report noti                            | fication)  |
| For further information co             | oncerning this matter, please c              | all:  |  |
| Edwin J Berrios-Ortiz                  |  | 202 701-0333  |  |
| Name of                                | Person                                       | Area Code Daytim  | e Telephone Number   |
| Enclosed is a check for th             | e following amount:                          |   |  |
| ■ \$25.00 Filing Fee                   | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| ** **                                  |  | 6   |  |

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 ARTICLES OF ORGANIZATION OF

FILED

2020 NOV -2 PM 1: 35

B12 CYBER AND IT CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our stores) ACT UF STATE

(A Florida Limited Liability Company)

ALLAHASSES

| The Articles of Organization for this Limited Liability Comp   | pany were filed on October 19, 2020              | and assigned          |
|--|--|-----------------------|
| Florida document number L.20000331553  |  |                       |
| This amendment is submitted to amend the following:  |  |                       |
| A. If amending name, enter the new name of the limited   | liability company here:                          |                       |
| Yucahu Yoga 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 ADDRES:   | S)   |                       |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered offagent and/or the new registered office address here: | fice address on our records, enter the na        |                       |
| Name of New Registered Agent:  |  |                       |
| New Registered Office Address:   | Enter Florida street 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 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:

| or remov | ed from our records: |  |  |
|----------|----------------------|--|--|
| MGR =    | Manager              |  |  |
| AMBR =   | Authorized Member    |  |  |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| n effective d<br>ote: If the o | te, if other than<br>ate is listed, the date<br>date inserted in thi.<br>Ifective date on the | must be specific an<br>s block does not | id cannot be prior<br>meet the applic | cable statutory | or more than 90<br>filing requiren | (optional)<br>days after filing.;<br>nents. this date | Pursuant to 605.020<br>will not be listed as |
| ecord speci<br>is filed.       | lies a delayed effe   | etive date, but no                      | ot an effective t                     | ime, at 12:01 a | a.m. on the ear                    | lier of: (b) Th                                       | e 90th day after the                         |
| nted Octob                     | er 29   |   | 2020                                  |                 | $\overline{}$                      |   |  |

Filing Fee: \$25.00