L20 000 349883

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Secument Number)
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COVER LETTER

TO:

Registration Section **Division of Corporations**

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Youda Developement LLC						
			ited Liability Company				
The enclosed	l Anicles of	Amendment and fec(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Leon Blaiweiss					
Name of Person							
			Finn/Company				
		7762 Jacaranda Lane	Address				
		Naples, FL 34114					
			City/State and Zip Code				
For further in	oformation of	E-mail address: (i	to be used for future annual report no	diffication)			
		sheering this numer, please ea					
Leon Blaiv	veiss Name of	Person	at (242) 424-5359 Area Code Daytii	ne Telephone Number			
Enclosed is a	check for th	e following amount:					
≡ \$25,00 F	iling Fcc	☐ \$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)			
	ling Address gistration S		<u>Street Address:</u> Registration Se	ection			
		orporations	Division of Co				

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Youda Development 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 ______11/01/2020 and assigned Florida document number _____L20000349883 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

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	Leon Blaiweiss	7762 Jacaranda Lane	≣ Add
		Naples, FL 34114	□Remove
			□ Change
			□Remove
			□ Change
			☐ Remove
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			□Remove
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fective date, if other the other than effective date is listed, the ote: If the date inserted incument's effective date of the other than the	date must be specific a in this block does no	nd cannot be prior to Unicet the applicab	date of filing or more le statutory filing re	(optiona than 90 days after fili quirements, this da	ng.) Pursuant to 605,020
ecord specifies a delayed is filed.	effective date, but n	ot an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
12/22/20		9:00 AM			
ited		1) (}	. •		
	<u>-</u> /1	1/11.0.			
<u></u>	Signature of	a member or authoriz	t red representative of a	member	