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COVER LETTER

Division of Cor			
SUBJECT:	Haylah Yoshi	ired Liability Commany	
	J Name of Lim	ated Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Bun-	Same of Person	
	HayYah	Yophi LLC Firm Company	
	2550 Citus	Tower Blud Unit	12106
	Clerant, FL	City/State and Zip Code accounting to be used for future annual report notif	
	E-mail address: ()	to be used for future annual report notif	(a hayyahy ophi.com
For further information ed	oncerning this matter, please ca	all:	
By in bos	K. Person	at (SIT) 343 Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	[] \$30.00 Fiting Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Address	<u>u</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Hay Yah Yor	shi LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 210060 9925</u> .	were filed on 3/1/202	l and assigned
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the limited liabi	lity company here:	
41 11	+	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	V 1 A	172
Enter new mailing address, if applicable:	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		13
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	ہے۔ e name of the new registere
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	da 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
AMRR	Faith Gorski	2550 Ctas Tower Blud. # 12106	2_ □Add
		Clermont, FL 34711	
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			□Add
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ve date, if other than	the date of filing:		(option	al)	
ective date is listed, the date	must be specific and cannot be j is block does not meet the ap	rior to date of filing or me	re than 90 days after fil	ing.) Pursua	int to 60
	is block does not frieet the ap ie Department of State's reco		requirements, this d	ate wiii in	it be its
	ective date, but not an effecti	ve time, at 12:01 a.m. o	n the earlier of: (b)	The 90th	day aft
ed.					
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	Signature of a member or				

Filing Fee: \$25.00