L21000155143

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2024 JUL 29 PH 12: 07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

A. PARISHANI AUG - 3 2024

COVER LETTER

TO: Registration Section Division of Corporations

SHRIFCT:	YOU ARRI	E YOU, LLC				
SOBJECT.		Name of Lim	ited Liability Company	· · · —	TAL SISTE	2024
		Amendment and fee(s) are sub ndence concerning this matter	-		LAHASSEE, FL	2024 JUL 29 PH I
		EBONY M DANIELS			ORIDA ORIDA	PH 12: 07
		Name of Person				
		YOU ARRE YOU, LLC				
	Firm/Company					
		1385 NW 192ND TERRA	CE			
Please returned by the second			Address		_	
		MIAMI GARDENS, FL 3	3169			
			City/State and Zip Code		_	
	mont05bri99@yahoo.com					
		E-mail address: (to be used for future annual report not	ification)	-	
For further in	iformation co	oncerning this matter, please ca	all:			
EBONY M	DANIELS		305 8016973 at ()			
	Name of	f Person	Area Code Daytin	ne Telephone Numb	er	
Enclosed is a	check for th	ne following amount:				
■ \$25.00 I	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee cate of Sta ed Copy ad copy is er	tus &
Reg Div P.C	iling Addressistration Strision of CD. Box 632	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

YOU ARRE YOU, LLC	
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	FLORALI ST.
The Articles of Organization for this Limited Liability Company were filed on April 5, 202 Florida document number L21000155163	1 PR and Assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
She Generates, 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, gagent and/or the new registered office address here:	nter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street of	.11
Enter Florida street d	uaress

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.

City

_ Florida _

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
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			DEPARIMENT OF STATE TALLAHASSEE, FLORIDA
			OF CONTROL P
			PH 12 01
			□Add
			□Remove
			□Change
		-	⊐Add
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	LORIDA LORIDA	
		- - -
Effective date, if other than the date of filing: 09/01/2024 If an effective date is listed, the date must be specific and cannot be prior to date of filing or reactive. If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ord is filed.	. on the earlier of: (b) The 90th	day after the
Dated July 25 , 2024		
Highature of a member or authorized representative	ve of a member	
EBONY M DANIELS		

Filing Fee: \$25.00