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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:

Registration Section

Division of Co	orporations		
2604 E Y	UKON ST LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
	Michael E. Steuer		
		Name of Person	
	Steuer & Co. CPA		
		Firm/Company	
	1000 Belcher Rd S Ste 7		
		Address	
	Largo, FL 33771		
		City/State and Zip Code	
	myinfo@miketheepa.com		
		(to be used for future annual report no	otification)
For further information of	concerning this matter, please of	call:	
Michael E. Steuer		727 797-9000	
Name of Person		at () Area Code Dayti	me Telephone Number
Enclosed is a check for (he fallowing amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 EUE== E e	
= 323.00 t ming rec	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)
Mailing Addres		Street Address:	
Registration 5		Registration S	
Division of C P.O. Box 632	•	Division of Co	•
Tallahassee, I		The Centre of	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2604 E YUKON STILLC (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 $\frac{04/21/2021}{1}$ and assigned Florida document number $\underline{L21000185328}$ 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 "L1.C" 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, enter the name of the new registered agent and/or the new registered office address here: Michael E. Steuer Name of New Registered Agent: 1000 Belcher Rd S Ste 7 New Registered Office Address: Enter Florida street address Largo Citv

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
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Filing Fee: \$25.00

Typed or printed name of signee