K21000240629

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

TO: Registration So Division of Cor			
	RED YIN LLC		
SUBJECT:	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SHAYNA STRINGER		
		Name of Person	
	EMPOWERED YIN LLC		
		Firm/Company	
	3520 NW 43RD ST		
	 	Address	
	GAINESVILLE, FL 3260	6	
		City/State and Zip Code	
	EMPOWEREDYIN@PRO		
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	\$121 DEC
SHAYNA STRINGER		352 519-0108	•
Name o	of Person	at ()	ımber
Enclosed is a check for t	he following amount:		7: 0
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Section Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	F1. 32314	2415 N. Monroe Street, Sui	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMPOWERED YIN LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Final Entired Elability Company)			
The Articles of Organization for this Limited Liability Company were filed on 05-24-2021	and a	ssigned	
Florida document number L21000240629			
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 ab	breviation "	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 nam agent and/or the new registered office address here:	e of the n	ew regi	<u>stered</u>
	}	12.0	
Name of New Registered Agent:	:-		
New Registered Office Address:		2.2	
Enter Florida street address		7	; ; ;
, Florida	- ' '	-1	
City	Zip Code	<u> </u>	
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am for accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, being filed to merely reflect a change in the registered office address, I hereby confirm that the line company has been notified in writing of this change.	familiar w if this doc	ith and cument	1
If Changing Registered Agent, Signature of New Reg	gistered Age	ent	

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOEL HACKMAN	3520 NW 43RD ST	□Add
		GAINESVILLE, FL 32606	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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record specifies a (delayed effective date.	, but not an	i effective tir	ne, at 12:01 a	.m. on the earli	er of: (b)	The 90th c	lay after t	the
	2.0		2021						
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ned <u>Nover</u>	nber 29 Noyra Shayna	Sti	inge	_· 					

Filing Fee: \$25.00