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COVER LETTER

1714	ision of Corp	or ations		
SUBJECT:	The YardVa	rks LLC		
SODJECT.				
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	idence concerning this matter	to the following:	
		Bryson Masten		
			Name of Person	
		The Yardvarks LLC		
			Firm/Company	
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Bryson Masten Name of Person The Yardvarks LLC Firm/Company 4600 Amherst Street Address Jacksonville, FL 32205 City/State and Zip Code bryson@theyardvarks.com E-mail address: (to be used for future annual report no formation concerning this matter, please call: Master Name of Person Area Code Daytin Check for the following amount:			
			Address	
		Jacksonville, FL 32205		
			City/State and Zip Code	·····
		E-mail address: (t	o be used for future annual report	notification)
For further in	formation co	ncerning this matter, please ca	111:	
Bryso	~ //a>	ten	at (904) 45	3-0408- ytime Telephone Number
	Name of	reison	Area Code Day	yttine Tetephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	Iling Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

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

The Yardvarks LLC		•		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recor da Limited Liability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Florida document number L21000285475	Company were filed on June 21, 2021	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	C" or the abbreviation "L.E.C."		
Enter new principal offices address, if applicable:		JUL 2		
<u>(Principal office address MUST BE A STREET ADL</u>	ORESS)	- 193-12 - 193-12		
		3: 01 3: 01 3: 01		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or register agent and/or the new registered office address here	· •	the name of the new registe		
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter Florida street address			
		lorida		
	City	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
MGR	Bryson Masten	4600 Amherst Street	
		Jacksonville, FL 32205	□ Remove
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