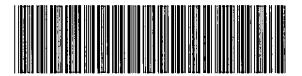
LZI 000303053

| | (Requestor's Name) | <u> </u> |
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| | (Requestors Name) | |
| | (Address) | |
| | | |
| | (Address) | |
| | (C) | |
| | (City/State/Zip/Phone #) | |
| PICK-UF | WAIT | MAIL |
| | | |
| | (Business Entity Name) | |
| | | |
| | (Document Number) | |
| Certified Copies | Certificates of | Status |
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| Special Instructions | to Filing Officer: | |
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Office Use Only



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DEC 1 6 2021 I ALBRITTON

COVER LETTER

| TO: Registration Se Division of Corp | ction poration | | |
|---|--|--|--|
| Young&Gra | hamELC | | |
| SUBJECT: | Name of Limite | ed Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subn | nitted for filing | |
| Please return all correspo | ndence concerning this matter to | o the following: | |
| | Jasmine Young | | |
| | | Name of Person | |
| | Jasimme Young | | |
| | | Firm/Company | |
| | 101 South 12th St | | |
| | | Address | |
| | Tampa Ft 33602 | | |
| | youngjasmine813@gmail.co | City/State and Zip Code | |
| | | o be used for future annual report not | dication) |
| For further information of | concerning this matter, please ca | | |
| Jasmine Young | | 844 6264629 | |
| Name | of Person | Area Code Daytin | ne Telephone Number |
| | 1.63 | | |
| Enclosed is a check for | | There on them Eas & | |
| \$25.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Addra | | Street Address: | ection |
| Registration | | Registration Se Division of Co | |
| Division of | Corporations | The Centre of | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314



November 30, 2021

JASMINE YOUNG 101 SOUTH 12TH STREET TAMPA, FL 33602

SUBJECT: YOUNG&GRAHAM LLC

Ref. Number: L21000303053

We have received your document for YOUNG&GRAHAM LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 021A00028723

Tekayla T Matthews OPS

www.sunbiz.org



July 31, 2021

JASMINE YOUNG 1109 CITRUS HILL CT SEFFNER, FL 33584

SUBJECT: YOUNG&GRAHAM LLC

Ref. Number: L21000303053

We have received your document for YOUNG&GRAHAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00018014

Irene Albritton Regulatory Specialist II

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

| .agectranami.i.C | on our records.) | |
|---|--|--|
| Some of the Limited Liability Company (A Florida Limited Lia | ability Company) | |
| —————————————————————————————————————— | | |
| The Articles of Organization for this Limited Liability Company v | ware filed on | and assigned |
| The Articles of Organization for this Limited Liability Company v | (c)c filed on | |
| 1,21000303053 | | |
| Florida document number | | |
| inis amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| The new name must be distinguishable and contain the words "Lumited Liabil | will C'' or the unit | previotion "L.L.C" |
| Liability of the Contain the Words "Limited Liability of the Contain the Words "Limited Liability of the Contain the Words "Limited Liability". | ity Company." the designation The of the and | TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE |
| | 101 South 12th Street | F |
| Enter new principal offices address, if applicable: | Fampa FI 33602 | , |
| ADJUST DE A STREET ADDRESS) | rampa i i zekoz | , |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> |
| | | |
| | and the Street | |
| 11 | 101 South 12th Street | |
| Enter new mailing address, if applicable: | Tampa FI 33602 | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Maning and Cas 17011-1722) | | |
| | | |
| | dayers on our records, enter the nan | ne of the new registere |
| B. If amending the registered agent and/or registered office | address on our records, | |
| agent and/or the new registered office address here: | | |
| | | |
| | | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida _ | |
| | | Zin Code |
| | inv | · • |
| A A Signature if changing Registered Ager | nt: | |

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.

of amending Authorized Person(s) authorized to manage, effect the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| AMBR = Au | thorized Member | | Type of Action |
|--------------------|-----------------|--------------------------------------|----------------|
| ···+1o | <u>Name</u> | Address | Type of Action |
| <u>Fide</u> MGR | Jasmine Young | 101 South 12th Street Tampa Fl 33602 | ≣ Add |
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| | | | Add |
| | | | □Remove |
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| 511 | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) v Address, New Number, Adding My First And Last Name As A. MGR. | |
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| Effect (If an ef Note: docur | tive date, if other than the date of filing: | :05:02€ 1810 0 3 |
| f the reco | ord specifies a delayed effective date, but not an effective time, at 12:01 a,m, on the earlier of; (b) The 90th day a | fter th |
| | 5 July 2 2021 | |
| | Signature of a member of a uthorized representative of a member To smire of a member of a | - |
| | | |