## 121000440372

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT:	YHVH	Enterprises		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Sherlyn Mame of Person	liller	
	YHVH E	Enterprises Firm/Company		
	1825 NW C	Orporcite B	LVD STE	= 110
	<u> </u>	City/State and Zip Code	FL 3343	
	Hellowyn E-mail address: (	vnenter prisc to be used for future annual	report notification)	2021 NOV 29
For further information c	oncerning this matter, please ca	all;		
Sheriya Name o	Miller Person	at ( <u>954</u> ) Area Code	822-2218 Daytime Telephone N	Number 53. Same
Enclosed is a check for the	ne following amount:			
<b>\$25.00</b> Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is enc	Ce closed) Ce	0.00 Filing Fee, entificate of Status & entified Copy ditional copy is enclosed)
Mailing Addres Registration S		Street Ad Registr	ddress: ation Section	
Division of C	orporations	Divisio	n of Corporations	
P O Roy 632	7	The Co	ntre of Tallahaccee	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of the Limited Liability Company as it now (A Florida Limited Liability Co	w appears on our records.)	
(A Florida Limited Liability Co	mpany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L21000440372</u> .	d on October 8 <sup>-th</sup> 2021 and assig	ned,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compan	ny," the designation "LLC" or the abbreviation "L.L.	<del>C."</del>
Enter new principal offices address, if applicable:		<u>_</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
<del></del>		
B. If amending the registered agent and/or registered office address of	n our records, enter the name of the new i	<u>registered</u>
agent and/or the new registered office address here:	021 KO	77
Name of New Registered Agent:	· 29	
New Registered Office Address:		
E	inter Florida street address	
	Florida - 🚉 😀	<del></del> -
Ciţv	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>	Name	Address	Type of Action
MGR	Sherlyn Miller	1825 NW Corporate Blvd Ste 110 Boxa, Raton FL 334	IDAdd 31
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			□Change
MGR	Leonie Mertilien	1825 NW COrporate BLVD Ste 110 Bocg Raton FL 3343	
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	ed effective date, but n	ot an effective t	ime, at 12:01 a.n	n. on the earlier o	f: (b) The 90th	day after the
is filed.	<u>: 11/11/2021</u>	;	<del></del> `.			
record specifies a delay is filed.	= 11/11/2071	huun 'a member or anth	Timer.			