From: Rajiv Sriva

Division of Corporations

# Florida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN YOUNEXS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Help

AUG 0 1 2023 K. Brumbley

From: Rajiv Sriva

## **COVER LETTER**

TO:	Registration Solivision of Co			·
	YOUNEN	IS LLC		
SUBJE	C1:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filing	
Please r	eturn all correspo	ondence concerning this matter t	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
		Address Andress Andres	Address	
		Glendale, CA 91203		
		younexs.com@gmail.com	City/State and Zip Code	
		• •• =	o be used for future annual report i	nontication)
For furt	her information o	concerning this matter, please ca	11.	
Cheyen	ne Moseley		800 773-0885	
	Name (	of Person	Area Code Day	time Telephone Number
Enclose	d is a check for t	he following amount:		
	(X) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is cuclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive	porations g

Tallahassee, FL 32301

To

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

13236068205

YOUNEXS LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited I Florida document number <u>L21000488490</u>		were filed on 11/12/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	hty Company," the designation "1.1.C" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		7834 17th Place	
		LaBelle, Fl 33925	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	7834-17th Place LaBelle, Fl 33935	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  Name of New Registered Agent:		<u>e</u> :	iter the name of the nev
New Registered Office Address:		Enter Florada street address	
	LaBelle	, Florida	
		$Cri_{\mathcal{V}}$	⊞ Zip Codes

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

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2023-07-28 16:09:04 PDT

From: Rajiv Sriva

# 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Daniel Nicolas		
			□ Remove
		7834 17th Place LaBelle, Fl 33935	☐ Change
		<del></del>	Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			☐ Add
			□ Remove
			☐ Change
		☐ Remove	
			☐ Change
	***************************************		□ Add
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			☐ Change
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Effecti	ve date, if other than the date of filing:
Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	M - 0 N - 0.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00