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Spencer, Donna **COVER LETTER**

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Page 2

H240000330303

	legistration Sec division of Corp				
eum ir ca	Yagh Delive	ery, LLC			
SUBJECT	l ;	Name of Lim	ited Liability Company		
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please rett	irn all correspo	ndence concerning this matter	to the following:		
		Keith Durkin			
			Name of Person		
		Baker & Hostetler, LLP			
			Firm/Company		
		200 South Orange Avenue	, Suite 2200		
			Address		
		Orlando, Florida 32801			
		City/State and Zip Code			
		Ishakarji@gmail.com	to be used for future annual r	enort notification)	
For furthe	r information c	oncerning this matter, please c		· · · · · · · · · · · · · · · · · · ·	
Keith Du	rkin			-4005	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	Certificate (losed) Certified C	of Status &
	Mailing Addres Registration S		<u>Street Ad</u> Registre	Idress: ttion Section	
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P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Page 3

ARTICLES OF AMENDMENT TO

H24000033030 3

ARTICLES OF ORGANIZATION OF

Yagh Delivery, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	гряду as it now appears on our records.) d Liability Company)	•	
The Articles of Organization for this Limited Liability Compar Florida document number L21000515998	ny were filed on 12/07/2021 and a	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation	'L.L.C."	
Enter new principal offices address, if applicable:	ALC JACE	Ti	
(Principal office address MUST BE A STREET ADDRESS)			
		247°3	
	477	io 🗀	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	rii	•	
	ee address on our records, <u>enter the name of the n</u> Enter Florida street address	ew register	
Name of New Registered Agent:	Enter Florida street address , Florida		
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address		
	Enter Florida street address , Florida City Zip Coa		

If Changing Registered Agent. Signature of New Registered Agent

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Page 4

H240000330303

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H240000330303

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John Shakarji	616 N. Bumby Avenue	□Add
		Orlando, Florida 32803	■Remove
			□ Change
			□Add
			□ Remove
			☐ Change
			□Add
			□ Remove
			□Change
.			□Add
			Change
			DAdd
			□ Remove
			Change
			□ Add
			Remove
			□ Change

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famei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

••••	

•	
f an offe <u>Note:</u>	ve date, if other than the date of filing: (optional) wive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recore Lis file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
Pated _	January 2024
	Signature of a mouther to additionized topresentative of a member