

L21 000534778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

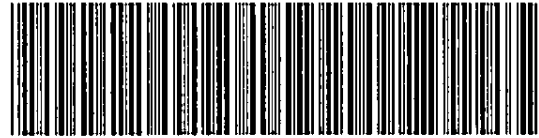
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SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY -3 AM 8:45

FILED

TO: Registration Section
Division of Corporations

SUBJECT: _____

Y2C2

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yadira Y. Caro

Name of Person

Firm/Company

6004 S. Switzer Ave.

Address

Tampa, FL 33611

City/State and Zip Code

yadi@hardcoresoftskillspodcast.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yadira Y. Caro

Name of Person

at (813)

Area Code

493-1014

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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 ORGANIZATION
OF

Y2C2 LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1-11-22 and assigned
Florida document number 87-4355546.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hardcore Soft Skills LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6004 S. Switzer Ave.
Tampa, FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6004 S. Switzer Ave.
Tampa, FL 33611

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

6004 S. Switzer Ave.
Enter Florida street address

Tampa
City

Florida

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

FILED
2023 MAY -30 AM 8:45
CLERK OF STATE
TALLAHASSEE, FL



AMBR = Authorized Member

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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated Dec 23, 2022

Signature of a member or authorized representative of a member

1/2 dia 1/2 Caro

Typed or printed name of signee