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TO: **Registration Section Division of Corporations**

YouPicket LLC

SUBJECT:	N	7. J. J. J. P. C	2022 MAY 10 AM 7:50
	Name of Lim	ited Liability Company	Super 10 MH 1:20
			SECAL ANASSES, FL
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jon W Taggart		
	·	Name of Person	
	YouPicket LLC		
		Firm/Company	
	1207 E Columbus Dr		
		Address	
	Tampa, FL, 33605		
	Jtaggart@youpicket.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
Jon Taggart		727 557-5092	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

YouPicket LLC	
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company were filed on Februa Florida document number	ary 22, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2 % C 455
	무 웃음
	22 SAF
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ස විසි
maning dualess mixt BE A 1 031 0111CE BOA	4 E
B. If amending the registered agent and/or registered office address on our recoragent and/or the new registered office address here: Name of New Registered Agent:	rds, enter the name of the new regist
New Registered Office Address: Enter Florida s	street address
	, Florida
	, 1 10 1 10 1
City	, Florida Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	Jon W Taggart	1207 E Columbus Dr. Tampa F1. 336	05
			= Add
			□Remove
			CERCINOVE
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			□Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fil ument's effective date on the Department of State's records.	(optional) r more than 90 days after filing.) Pursuant to 60 ling requirements, this date will not be lis
cord specifies a delayed effective date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after
s filed	
s filed.	
edSignature of a member or authorized representations.	